"A STUDY TO ASSESS THE EFFECTIVENESS OF ADMINISTRATION OF HONEY AT NIGHT TO RELIEVE CONSTIPATION AMONG GERIATRIC PATIENTS ADMITTED IN GERIATRIC WARD AT RAJIV GANDHI GOVERNMENT GENERAL HOSPITAL, CHENNAI-3"

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CERTIFICATE

This is to certify that this dissertation titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF ADMINISTRATION OF HONEY AT NIGHT TO RELIEVE CONSTIPATION AMONG GERIATRIC PATIENTS ADMITTED IN GERIATRIC WARD AT RAJIV GANDHI GOVERNMENT GENERAL HOSPITAL, CHENNAI-3"** is a bonafide work done by Mrs.T.SENTHAMARAI College of Nursing, Madras Medical College, Chennai – 600003 submitted to **The TAMILNADU DR.M.G.R. MEDICAL UNVERSITY, CHENNAI** in Partial fulfillment of the requirements for the award of Degree of Master of Science in Nursing, Branch I, MEDICAL SURGICAL NURSING, under our guidance and supervision during the academic period from 2013 – 2014.

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ABBREVIATIONS

Abbreviation	Expansion
X^2	Chi- square
P	Probability level
T	Test of significance
H	Hypothesis
SD	Standard Deviation

ABSTRACT

Aging is a natural process and it cannot be prevented but it can be protected. The cardinal responsibility of the nurse is to relieve constipation among geriatric people using non pharmacological measures and without side effect and to keep the patient comfortable. This Quasi Experimental pre test and post test control group design study was A study to assess the effectiveness of administration of honey at night to relieve constipation among geriatric patients admitted in geriatric ward at Rajiv Gandhi Government General Hospital, Chennai-03. Sixty samples were selected by non probability purposive sampling technique method. Pre-assessment of constipation level was assessed with the Mc Millan Constipation Assessment Scale for Control group and Experimental group with 30 sample for each group.10ml of honey with 20ml of warm water given for 4 consecutive days at night. Among experimental group pre-test mean constipation score was 3.80 and the mean difference in reduction with 95% confidence interval was 3.80and reduction with 95% Confidence Interval was 63.3%. And the post test mean constipation score was 0.00.The signs and symptoms of constipation was reduced and there is a statistically significant difference. The study revealed that the need and importance for nurses working in the geriatric ward and provide comfort to the geriatric patients. This study is a evidence based study to practice in clinical setting.

CHAPTER I

INTRODUCTION

"There is no disease but stagnation no remedy but circulation."

Chinese proverb

Ageing is a natural process in the words of "SENECA", old age is an incurable disease but more recently "Sir. James Sterling Ross" commented you do not heal old age, you protect it, you promote it, you extend it, it is not the fact that growing old should be a time of display and withdrawal from everything around, in fact most people growing old is a time to be enjoyed.

Dates on the calendar denote only the passing of time but ageing denotes the declining level of physical activity and response to it. As physical change or disease affects ageing parents, some or all of their independent function may be lost, this is distressing for the family members as well as for elderly themselves. The change in ageing process, the loss of adaptability leads the organism to increase vulnerability to internal and external environmental change.

Ageing population has serious implication both as the macro and the household level especially as the transition has been accompanied by changes in society and economy, the proportion of elderly persons in the country has raised from 5.6% in 1961 to 7.1% in 2001. In absolute term in the year 1991 saw 55 million elderly persons in the country and will touch 76 million by 2025, 40% of elderly live below the poverty line, 90% of them are from the unrecognized sector with no benefits at all, 55% of all women over 60 are widows many without any support, 80% of them are from rural areas and 73% of them are illiterates and have to depend on labor to sustain themselves.

As Advances in Medical technology have lengthened lifespan and cracks have developed in traditional support system like the joint family and the village community, problems of the uncared elderly have been impinging on the welfare agenda of the state. Life expectancy in India today is 62 yrs, but there are great variations between state and most of the countries accept 65 yrs and United Nation agree 60 yrs and above is the definition of old age. Ageing process is flower a biological reality which as its own dynamic, largely beyond their control.

Since ageing is a universal phenomenon inevitable in the life cycle, it brings about certain anatomical, physiological, psychological, changes in life. Medical treatment and socio economic factors such as education, income, better nutrition and living condition as well as technological advancement extends the lifespan. Aging also refer to decline in the functional capacity of the organs of the human body which occurs mostly due to physiological transformation, but senior citizens constitute a precious human resources.

The needs motivate one to acts for there fulfillment the physical needs to nurture our human body in a state of health , the psychosocial ones which promotes stable personality and maintain harmonious relationship with our brethren, spiritual one which contribute to vertical and horizontal peace and love dissatisfaction of the basic needs treated tension and fruition, in old age, people need to be protected from accident, infection and disabilities as the oblige advance certain changes take place skin gets wrinkled memory is impaired cessation of menstruation in women, In men sexual activity diminishes emotion irritability jealousy and dependency can be noticed. Older people often suffer from illness such as bronchitis, arthritis A-vitaminosis, gastro intestinal disorder and depression restricting their social activity, one

feels isolated and a liability on may others, doubts gods love and worries about death and life after death.

Many of the aged are reluctant to go to institutions for the care of the aged thus family case is encouraged. The knowledge is directed in wards primary care is provided for prevention of disease or injury and promotion of positive health, elders are encouraged to participate in the activities is to avoid injuries, early detection of signs of ill health and timely intervention and care and encourage individual to return to independent existence as for as possible.

Care of the aged is very important for the care givers, is to gain knowledge, nursing skills and right attitude in order to give skilled nursing care to the people, should assess the immediate and long term needs or problems of the aged and their families always face, supporting, advising and guiding and plan with family in providing the total care including rehabilitation.

Suggestion of care givers on various aspects of elderly decide where and how to lead the remaining life, continue to have supportive, close, warm relationship with the spouse or close relatives to have safe and comfortable dwelling according to ones economic status, maintain a high degree of heath, physical and emotional by getting regular health examination and needed medical and dental care, eating balanced diet and maintain good personal hygiene, maintain contact with children, grand children and other kinsmen, finding emotional satisfaction with them work out for significant, philosophy of life, finding comfort in a philosophy or religion, adjust living standards to retirement, income, supplement income with renumerative activities.

Constipation is one of the most common disorders in Indian societies, and its prevalence increases with age. Twenty-six percent of

women and 16 percent of men 65 years and older consider themselves constipated. In people over 84, the reported incidence is 34 and 26 percent, respectively.Many of the factors that predispose older adults to constipation are not a direct consequence of normal aging, though are often closely associated with it. A majority of people over age 65 take one or more medications that affect nerve conduction and smooth muscle function, such as **opioids**, anticholinergics, , calcium-channel antagonists and calcium supplements. Other factors that increase the risk of constipation in older patients include low-fibre diets, limited fluid intake, impaired mobility and cognitive disorders.

Studies have also shown that distinct physiological changes affecting colonic motility can occur in older people. They include myenteric dysfunction, increased collagen deposits in the left colon, reduced inhibitory nerve input to the colon's muscle layer and increased binding of plasma endorphins to intestinal receptors.**Constipation** (also known as **costiveness** or **dyschezia**) refers to bowel movements that are infrequent or hard to pass. Constipation is a common cause of painful defecation. Severe constipation includes **obstipation** (failure to pass stools or gas) and fecal impaction, which can progress to bowel obstruction and become life-threatening.

Constipation is a symptom with many causes. These causes are of two types: obstructed defecation and colonic slow transit (or hypomobility). About 50% of patients evaluated for constipation at tertiary referral hospitals have obstructed defecation. This type of constipation has mechanical and functional causes. Causes of colonic slow transit constipation include diet, hormonal disorders such as hypothyroidism, side effects of medications, and rarely heavy metal toxicity. Because constipation is a symptom, not a disease, effective treatment of constipation may require first determining the

cause. Treatments include changes in dietary habits, laxatives, enemas, biofeedback and in particular situations surgery may be required.

Constipation is common; in the general population incidence of constipation varies from 2 to 30%.Constipation, faecal impaction and faecal incontinence are particularly prevalent in the older population Up to 38% of people aged over 74 years who are living at home and up to 81% of people in hospital in the older age group suffer from constipation.However, despite the fact that constipation is a common problem for older people, there is a lack of clear advice uniformly agreed upon for the management of constipation and impaction in this patient population.

Constipation is a symptom with many causes. These causes are of two types: obstructed defecation and colonic slow transit (hypomobility). About 50% of patients evaluated for constipation at tertiary referral hospitals have obstructed defecation This type of constipation has mechanical and functional causes. Causes of colonic slow transit constipation include diet, hormonal disorders such as hypothyroidism, side effects of medications, and rarely heavy metal toxicity. Because constipation is a symptom, not a disease, effective treatment of constipation may require first determining the cause. Treatments include changes in dietary habits,, laxatives, enemas, biofeedback and in particular situations surgery may be required. Constipation is common; in the general population incidence of constipation varies from 2 to 30%.

The most important causes of chronic constipation are a faulty diet and style of living. It is common knowledge that a diet that is deficient in fibre will eventually lead to constipation. Most populations that follow fiber deficient diets are in fact plagued with a high incidence of chronic constipation. Simply including fiber rich foods like fresh fruits and cereals in your daily diet would help treating constipation.Intake of refined and rich foods lacking in vitamins and

minerals, insufficient intake of water, consumption of meat in large quantities, excessive use of strong tea and coffee, insufficient chewing, overeating and wrong combination of foods, irregular habits of eating and drinking may all contribute to poor bowel function. Other causes include faulty and irregular habit of defecation, frequent use of purgatives, weakness of abdominal muscles due to sedentary habits, lack of physical activity, and emotional stress and strain.

Frequent or chronic constipation is best treated with home remedies and constipation home cures, while the use of pharmaceutical laxatives may be reserved for constipation relief in severe cases, where home treatments do not facilitate the passage of stools. The treatment or resolution of the problem is however not arrived at simply with evacuation of the bowels. The root cause of the problem needs to be identified and addressed, and this would almost always involve diet and lifestyle changes. Where the cause is due to some underlying medical condition, constipation treatment would actually need to address the other condition to eliminate constipation.

1.1 NEED FOR STUDY

As the life expectancy is rising the population of the aged people is also increasing steadily, the world population prospectus released by united nation in 1998 reveals the population of the aged as global level is 9%, in under developed countries is 6.7% and 15% in developed countries.

Though the proportion of elderly population is more in developed countries, majority of the old people live in developing countries in absolute numbers such of about 530 million people above 60yrs living in the world, about 355 (61.2%) million people live in developing countries.By the year 2020 the world population of the people would be about 1000 million of which about 700 million (70%) would be living in developing countries resulting in increasing the burden of disease associated with old age

Today 19 of the worlds 20 oldest countries that with the largest percentage of elderly people (65 or older) are in Europe, in Italy the worlds oldest country by these standard over 19% of the population is elderly, this figure is expected to reach 28% by 2030.India and china have one third of worlds population over 65 yrs and older population of 166 million in 2008 by "ageing world report" in coming decade climes to 551 million in 2040 that is 329 million in china and 222 million in India.

The availability of improved medical service better awareness regarding health and nutrition and comparatively better overall standard of living have resulted in the delayed onset of ageing and associated problems with an ultimate increase in life expectancy consequently the population of the elderly has been increasing over the years.In India the population of older persons (60+) in the total population of India was around 5.5% which increased to nearly 6% in 1971 and above 7.5% in 2001 in absolute terms the magnitude of such population has increased from nearly 2 cores in 1951 and 7.2 cores in 2001 and expected to be 8% in the next decade.

The Indian aged population is currently the second largest in the world, the first being china with more than 150 million.A study conducted on prevalence of Locomotor disability among elderly in rural and urban areas, all types of disabilities was found in elderly among rural areas was 2.8% and in urban area it was 2.9%. A survey was conducted in New Delhi regarding psychological stress among elders over 81% of the elderly confessed to having increasing stress and psychological problems in modern society, while 77.6% complained about mother-in –law or daughter- in -law conflicts being on the increase.

Constipation is any difficulty to the bowel movements which results in dry stools or pain during defecation. It is one of the main causes of diseases like arthritis, high blood pressure, cataract, appendicitis and more. Constipation can be caused by wrong eating habits, side effects of medicines or even poisoning by heavy metals. Out of these, eating food items that are difficult to digest and overeating to an extent that the digestive system finds it hard to handle leads to frequent constipation. Constipation can be treated by increasing the intake of water, including fiber in your diet which could be dietary or supplements and using laxatives. Apart from these, constipation can also be treated with honey. Using honey for constipation is one of the many home remedies one can use. Many modern and ancient writtings have mentioned that honey has a variety of healing properties which include being a mild laxative.

It has been scientifically proven recently that raw honey absorbs water and can also hold a lot of water. This combination helps honey to keep the fecal matter soft and wet when it passes through the digestive system. Hence it acts like a lubricant stimulating the bowels for the passage of fecal matter. Sugar molecules in honey can change into other sugars like fructose can change to glucose. Therefore, in spite of its large content of acid, honey can be easily digested especially by people who have sensitive stomachs. Honey helps the intestines and kidneys perform better thus helping combat constipation. Honey can be used in several ways for constipation. To begin with, buy honey that is farmed and harvested locally from clover or wildflowers. Honey that is indigenous to your area works better to fight constipation. You can either check at the local farmer's market or special grocery stores for locally made honey. If that's not available then you can buy clover honey from your local grocery shop. Take a tablespoon of honey three times a day.

Consuming 10 ml of honey in the morning on an empty stomach and not eat anything for at least an hour. This will also give you relief from constipation. Make herbal tea with fresh lemon juice and honey and drink this every morning on an empty stomach to treat constipation. If not herbal tea a cup of warm water will also do. This can be done for at least a week.

This motivates the researcher to proceed the study.

1.2 STATEMENT OF THE PROBLEM

A study to assess the effectiveness of administration of honey at night to relieve constipation among geriatric patients admitted in geriatric ward at Rajiv Gandhi Government General Hospital, Chennai-3

1.3 OBJECTIVE OF THE STUDY

1. To assess the pattern of bowel movement among the experimental group and control group.
2. To compare the changes in the bowel movement before and after the supplementation of honey in experimental group.
3. To determine the association of changes in bowel movement after administration of honey in experimental group.
4. To compare the changes in the bowel movements after administering honey with selected demographic variables among the selected subjects.

1.4 OPERATIONAL DEFINITIONS

Constipation

In this study it refers that a bowel movement fewer than 3 time per week and are usually hard, dry, small in size and difficult to

eliminate some people will have painful bowel movement and after experience straining bloating and sensation of full bowel.

Effectiveness

It refers to the outcome of honey mixture upon constipation measured in terms of significant difference before and after administration.

Subjects

In this study it referrers that the participants of the study who are having the complaints of constipation admitted at the age more than 60 in Geriatric ward, Rajiv Gandhi Government General Hospital, Chennai 03.

Honey Mixture

In this study it refers 2 tablespoon full of honey (10 ml) with 20 ml of warm water.

1.5 HYPOTHESIS

H_1 - There will be significant difference between the signs and symptoms of constipation before and after administration of honey mixture.

H_2 - There will be significant association between the selected demographical variables before administration of honey mixture.

H_3 - There will be satisfaction on honey mixture therapy among constipated patients after administration of honey mixture.

1.6 ASSUMPTIONS

It is the statement taken for granted or considered true, even though they have not been scientifically tested.

The study assumes that,

- Honey acts as a mild laxative.
- Honey acts as an anti septic Ayurveda
- It is also used as a medicine for mixing of other herbal medicine.
- It regulates the normal bowel elimination pattern.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a systematic search of published work to gain information about a research topic.

-Polit and Hungler, 2006

Review of Literature related study were reviewed from Books, Published articles and Medline search to broaden the understanding and gain insight into the selected problem under study. This chapter deals with the review of published research studies and related materials for the present study. The review helped the investigator in building the foundation of the study. It helps the researcher to find the accurate data that could be used for supporting the present findings and drawing conclusions.

This chapter deals with the selected studies, which are related to objectives of the proposed study.

2.1 Review of related literature

2.2 conceptual frame work

2.1 REVIEW OF RELATED LITERATURE

This chapter has three parts.

Part I: Studies related to constipation

Part II: Studies related to honey

Part III: Studies related to management of constipation with honey.

Part I: Studies related to constipation

WHO (2013) defined Elderly as a chronological age of 60 years old or older, while those from 60 through 74 years old are referred to as early elderly and those over 75 years old as late elderly. Cut-off of 60 years and above are referred to the older population

Paolo (2013) concluded that there are Increase in the number of elderly people has brought about a subsequent increase in scholars analysing the concept of ageing and researching the attitudes perceptions and situations concerning elderly people. Globally, there is a fast pace advancement for the care of these elderly people

Rehan (2013) stated that aging is a progressive deterioration of physiological functions with age, including a decrease in productivity. Age associated cognitive decline has been a matter of curiosity among the health investigators since long. Cognition includes all high level functions carried out by the human brain, including comprehension and formation of speech, visual perception and construction, ability to calculate, attention, memory, and functions such as planning and problem solving and constipation as a Gastro Intestinal problem solving and constipation as a Gastro Intestinal problem.

Tobias (2011) described that during ageing the Constipation becomes more comn. This may be due partly to a slight slowing in the movement of contents through the large intestine and a modest decrease in the contractions of the rectum when filled with stool.A study was conducted to assess the prevalence of chronic constipation in adult population in Moscow. It was concluded that Chronic Constipation is a common condition (4 1%) in the elderly, associated with female gender, dietary habits, and physical activity

Johns Hopkins (2011) explained that close to 40 percent of all older adults experience digestive symptoms. Such symptoms include abdominal cramps, anorexia and heartburn and indigestion and constipation. Though many digestive symptoms can he remedied through dietary lifestyle changes or medication, others require intensive medical treatment.

Rewet. (2011), concluded that Many changes in the digestive system occur with age. Few of these are directly due to changes in the lining, or epithelium, of the digestive tract. The ability of the epithelium to secrete acid and enzymes, and to absorb nutrients, is enormous; the loss of some capacity is simply not noticed.

John (2010) stated that India's older population will increase dramatically over the next four decades. The share of India's population ages 60 and older is projected to climb from 8 percent in 2010 to 19 percent in 2050. Between 2010 and 2050. the share 60 and older is expected to increase from 5 percent to 14 percent. while the share in the oldest age group (80 and older) will triple from 1 percent to 3 percent (The National Institute on Aging. 2011).

Gomas, (2009) Gastrointestinal problems like constipation, indigestion very common in the elderly; they account for 20% of all geriatric mosbility. latrogenic disorders must be ruled out in all patients with gastrintestina1 symptoms; an accurate treatment and nutritional history is critical for achieving success in the management of the elderly.

Premoli. A (2007) described that with age, the large intestine looses its capacity to resist against damage. So it may in turn increase the risk of constipation of duration of constipation also be increased in people who use laxatives and alternative therapy.

Riemann. F.M (2007) conducted a study for patients aged 60 years or above presenting with gastro intestinal symptom were selected from a total of 504 cases. Thorough clinical examination and laboratory investigation were performed and the result obtained was total 56 (11%) patients had gastro intestinal disorders. The male: female ratio was 3:1. The mean age of presentation was 66 years. The disorders presented were anorexia (39%), abdominal cramps (39%), recent changes in bowel habits (3 7%).

Ramakrishna (2002) suggested that with age, the colon cannot has decreased elasticity and the rate at which the empties chyme into the rectum decreases. but these changes generally do produce constipation among older people.

Part II: Studies related to honey

Literature related to Honey and its Effect

Al-Waili conducted a study on honey and microbial infections: a review supporting the use of honey for microbial control in 2011. Laboratory studies and clinical trials have shown that honey is an effective broad-spectrum antibacterial agent. Honey has been used to treat adult and neonatal postoperative infection, bums, necrotizing fascist's, infected and non healing wounds and ulcers, boils, venous ulcers, and diabetic foot ulcers. These effects are described to honey's antibacterial action, which is due to acidity, hydrogen peroxide content, osmotic effect, nutritional and antioxidants content, stimulation of immunity and to unidentified compounds. The result shows that honey plays a major role in controlling inflammation and promoting microbial control and healing processes.

Brady 2013 conducted a study on a systematic review of honey and its uses potential value within oncology care to synthesize the evidence regarding honey's role in health care and to identify whether this evidence applies more specifically to cancer care. In total, 43 studies were included in the systematic review, which included studies in relation to wounds (n 19), burns (n 11), skin (n = 3), cancer (n = 5) and others (n = 5). In addition, a systematic review regarding honey's use in wound care was also included and. showed that honey was found to be a suitable alternative for wound healing, bums, various skin conditions and potentially have a role in cancer care.

Gad A, (2013). A cross-sectional study that involved 462 families covering Riyadh region, Saudi Arabia. The sample was selected from 40 clusters). A structured questionnaire that contains items fulfilling the research objectives was used to collect data by research assistants. The study included 926 parents, comprising 351 fathers and 575 mothers; 37.3% of them reported that Complementary Alternative Medicine children including reciting the Quran, honey and Ferula asafoetida (26.1%, 21.5% and 18.8%, respectively use for children. An in-depth study to investigate Complementary Alternative Medicine use for specific diseases in children is recommended.

Carnwath R, (2013). This study aimed to assess the antimicrobial activity of a number of honey types against common equine wound bacterial pathogens. Twenty-nine honey products were sourced, including gamma-irradiated and non-irradiated commercial medical grade honeys, supermarket honeys, and honeys from local beekeepers Scottish Heather Honey was the best performing product, and inhibited the growth of all 10 bacterial honeys may not be suitable for wound treatment. Further assessment of gamma-irradiated honeys from the best performing honeys would be useful.

Kuś PM, (2013). honey were investigated for the first time. Two representative samples from Poland (sample I) and Spain (sample II) were selected by pollen analysis apple honey is characterized by high percentage of shikimic acid-pathway derivatives,. Apple honey contained also benzyl alcohol, 2-phenylethanol, (E)-cinnamaldehyde, (E)-cinnamyl alcohol, eugenol, vanillin, and linalool that have been found previously in apple flowers, thus disclosing similarity of both volatile profiles.

Noor N,(2013). The present study focuses on exploration of antioxidant and antitumour potential as well as total phenolic contents (TPC) of 58 Pakistani honeys involving spectrochemical techniques and potato disk assay ascorbic acid equivalent antioxidant contents, ferric reducing antioxidant power and 60% peroxide inhibition. Antitumour activity observed for 43 natural and 10 commercial samples was □20%. Two samples from Faisalabad region showed 87.50±5.50% and 79.00±5.56% antitumour activity which were reference standard. It was concluded that Pakistani honeys possessed excellent antioxidant and antitumour potential overall.

Jaganathan in (2009) conducted a study on antiproliferative effects of honey and of its polyphenols: a review from the Indian Institute of Technology, West-Bengal, India. The study shows that antioxidants in various dietary agents rich in phyto chemicals have several preventative effects against different diseases, such as cancer, coronary diseases, inflammatory disorders, neurological degeneration and aging which lead to search for food rich in antioxidants. With increasing demand for antioxidant supply in the food, honey had gained vitality since it is rich in phenolic compounds and other antioxidants like ascorbic acid, amino acids and proteins.

Part III: Studies related to honey treatment of constipation

Huang Ai Jing et al., (2012), conducted an experimental study to determine the impact of (Honey 10ml) 2 times a day for constipation among patients with hemorrhagic stroke in longhua branch of people's hospital, china. A sample of 62 patients with hemorrhagic stroke were randomly divided into control group and experimental group, there were 31 cases in each group. Control group were given conventional stroke care and health education, intervention group were given honey administration, additional to routine care. In the incidence of constipation and degree of constipation of two groups were compared. The incidence of constipation in the experimental group was 25% ,in control group was 61.29%. The study concluded that administration of honey is effective management of constipation.

Silke Gienier,(2012) conducted a quasi experimental study to assess the efficacy of honey with lemon juice in the treatment of geriatric constipation in United states. A sample of 64 adults with constipation was selected. The samples were divided into 35 experimental and 29 control group. Intervention group given honey for 4 days (consecutive) control group received health education regarding management of constipation. The incidence of constipation was lower in the intervention group than that in the control group ($p<0.05$). The study concluded that honey was effective in treating constipation.

Julie stachowiak et al.,(2011), Conducted a quasi experimental study designed to see that administration of honey could help constipated patients with multiple sclerosis in United Kingdom. A total of 30 patients divided into 2groups (control and experimental).The control group was given routine care , while intervention group received the same advice plus daily honey 10 ml two times a day. Both group improved during the study, the group receiving honey showed a

significant improvement over the control group. The result of the study concluded that honey is a natural source for treating multiple sclerosis patients suffering from constipation.

Doreen Mc clurg et al., (2011), conducted an experimental study with a view to administer the supplementation of honey for the alleviation of constipation symptoms in people with multiple sclerosis in Glasgow Caledonian University. A sample of 30 patients (12 male, 18 female) randomly divided into control and experimental group. Both group received ad ice on fluid intake diet, exercise. In additional experimental group given honey 5 to 10 ml warm water for 3 days. Both group constipation scale score decreases however the experimental group improved significantly more than the control group. (mean difference between the groups in score change - 5.0 (SD-1.5), 95% t=3.28, df=28, p.003). They concluded that supplementation of honey is effective to alleviate constipation among geriatric patients.

Lamas et al. (2009) conducted a full scale controlled clinical trial with a view to determine the use of honey Clementon management of constipation among 60 elderly patients in Umea University, Sweden. Block randomization was used to allocate 60 volunteers with a mean age of sixty-four into intervention group given honey with lemon tea for 5 days. The control group continued with their regular routine of bowel care. The investigator used two validated questionnaires to evaluate the bowel function (Gastrointestinal Symptom-Rating Scale and the Bristol scale). The study concluded that the significantly increase the number of bowel movements as well as it decreases the severity of constipation symptoms in the intervention group.

Lars Lindholm et al., (2009) conducted a randomized controlled trail on the of management of constipation in Sweden. A sample of 60 people with constipation was include and randomized in two groups.

The intervention group received administration of honey the control group received the control group received not received honey mixture only decreased severity of gastro intestinal symptoms assessed with gastro intestinal symptom rating scale, especially constipation and abdominal pain syndrome and increased bowel movements. Symptoms assessed with Gastro Intestinal Symptom Rating Scale according to total score(p=0.003),constipation syndrome (p=0.013), abdominal pain syndrome(p=.019).The intervention group also had significant increase of bowel movements compared to the control group(p=0.016). The study concluded that administration of honey for constipation regulates peristalsis and decrease the severity of symptoms in constipation.

Albers B et al., (2008) conducted a pilot study using a quasi experimental design with time series on the use honey with lemon juice in management of constipation among 7 patients with paraplegia caused by spinal cord injury. Data were collected over three weeks, One week before intervention, during the intervention week and the one week after intervention. So in the intervention week, the patients received a honey at night. The intervention group had significant decrease in constipation symptom than the control group. The results concluded that administration of honey may have positive effects of the defecation and most patients regarded the honey as a comfortable intervention.

Ayas et al (2006) conducted a experimental study with a view to identify the effectiveness of on constipation. 24 paraplegics suffering from constipation were randomly selected and honey was given for consecutive days. The authors noted a significant relief of constipation, abdominal distension, and total colonic transit time, as well as a significant increase in the number of bowel movements. They concluded that administration of honey a promising modality for treating paraplegics suffering from constipation.

Jeonsy et al., (2005), conducted an experimental study to determine the effects on constipation among Cerebro-vascular accident patients in Dong-eui medical centre, korea 31 subjects were randomly divided into two groups: one experimental group of 16, another control group of received Honey with lemon justice 15 ml honey given to the experimental up a was given to the control group. Final result was the adnna1n can be considered an effective nursing intervention method for the management of constipation among Cerebrovascular accident patient.

Kim MA et.al., (2004) conducted an experimental study to determine the effect of honey for the relief of constipation in the elderly in college of nursing Keimyung University, Korea. A sample of 40 elderly patients we divided into experimental and control group. The experimental group received. Honey with lemon juice using essential oils with rosemary, lemon, peppermint for 7days and control group received no intervention. The level of constipation was measured by using constipation assessment scale. The score of constipation assessment scale of the experimental group was significantly lower than that of the control group. The study concluded that the honey was effective to manage constipation.

Jung HM et.al., (2004), conducted an experimental study to assess the effect of honey on constipation among 40 elderly cerebro vascular accident patients in Dong-eui medical centre, Korea. The samples were randomly divided into two groups experimental of 20 and control group of 20. Administration of honey given to the experimental group and no honey was given to the control group. The level of constipation was measured by constipation assessment scale. There was a significant improvement in frequency of defecation and severity of constipation in the experimental group compared to the control group.

The result of the study concluded that the honey was effective to manage patients with constipation.

Joyce Preece (2002) conducted a pre experimental study to determine the effectiveness of honey to ease constipation. A sample of 15 constipated patients selected and given honey 10 ml 2 times per day by. All patients reported less flatulence and abdominal distension after the first week of treatment. By week six, eight of the fifteen patients shared that they had resolved their constipation and experienced normal bowel movements. Three patients experienced Continuous constipation, yet less severe accompanying symptoms. The study concluded that honey is a cost effective method to treat constipation.

Kendra L Harrington et.al.,(2002) conducted a study to manage constipation. An 85 year old woman with constipation was instructed to do Honey for 4 days. Upon re-examination, the patient reported a return of normal bowel frequency and function without the need to strain. The result concluded that the honey appeared to be helpful in resolving this patient's constipation.

Ernst et al (1999) conducted an experimental study with a view to determine the effect of honey for the alleviation of constipation in university of Exeter in United Kingdom. A total of 62 patients were divided into 2groups (control and experimental). The experimental group received honey for days and control group received routine care. The investigator used constipation assessment scale to evaluate bowel function. The experimental group showed a significant improvement over the control group. The result of the study concluded that honey could be a promising treatment for constipation.

Resende et al. (1993) conducted an experimental study to investigate honey mixture for 12 immobile elders suffering from chronic

constipation in Withington hospital, Manchester. Intervention was given for one week. A significant increase in the number of bowel movements as well as a significant decrease in fecal incontinence and the use of enemas was reported. The authors concluded that the combined exercise and honey mixture routine greatly benefited the patients and could replace laxatives and enemas.

2.2 CONCEPTUAL FRAMEWORK

Basic to any professional discipline is the development of a body of knowledge that can he applied to its practice. Such knowledge is often expressed in terms of concepts. The conceptual framework for research study presents the reasoning on which the purposes of the proposed study are based. The framework provides the perspective from which the investigator views the problems. The present study is based on the administration of honey mixture to the constipated patients improves the elimination pattern. The investigator adopted the "Modified Wieden Bach's Helping Art of Clinical Nursing Theory" (2006) as a base far developing the conceptual frame work.

The conceptualization of nursing practice according to this theory consists of 3 steps.

Step I : Identifying the need for help.

Step II : Ministering the need for help.

Step III : Validating the need for help is met.

Step I: Identifying the need for help

The determination of the need for help is by the process of sample selection on the basis of inclusive and exclusive criteria followed by the pre assessment of bowel elimination pattern among the patients with constipation.

Step II: Ministering the needed for help

This refers to the provision of required help to fulfill the identified need. It has two components.

Prescription

Refers to the investigators plan of care or intervention to meet client need. This includes the administration of honey mixture among constipated patients.

This theory constitutes that the following element.

Agent	:	Is the Investigator
Recipient	:	Are the patients with complaints of constipation.
Goal	:	Impaired bowel elimination pattern.
Means	:	Preparation of honey mixture – 10ml of honey 20 ml of warm water and administer.
Frame Work	:	Clinical Setup.

Step III

Validating the needed help is met. This is done by the post assessment.

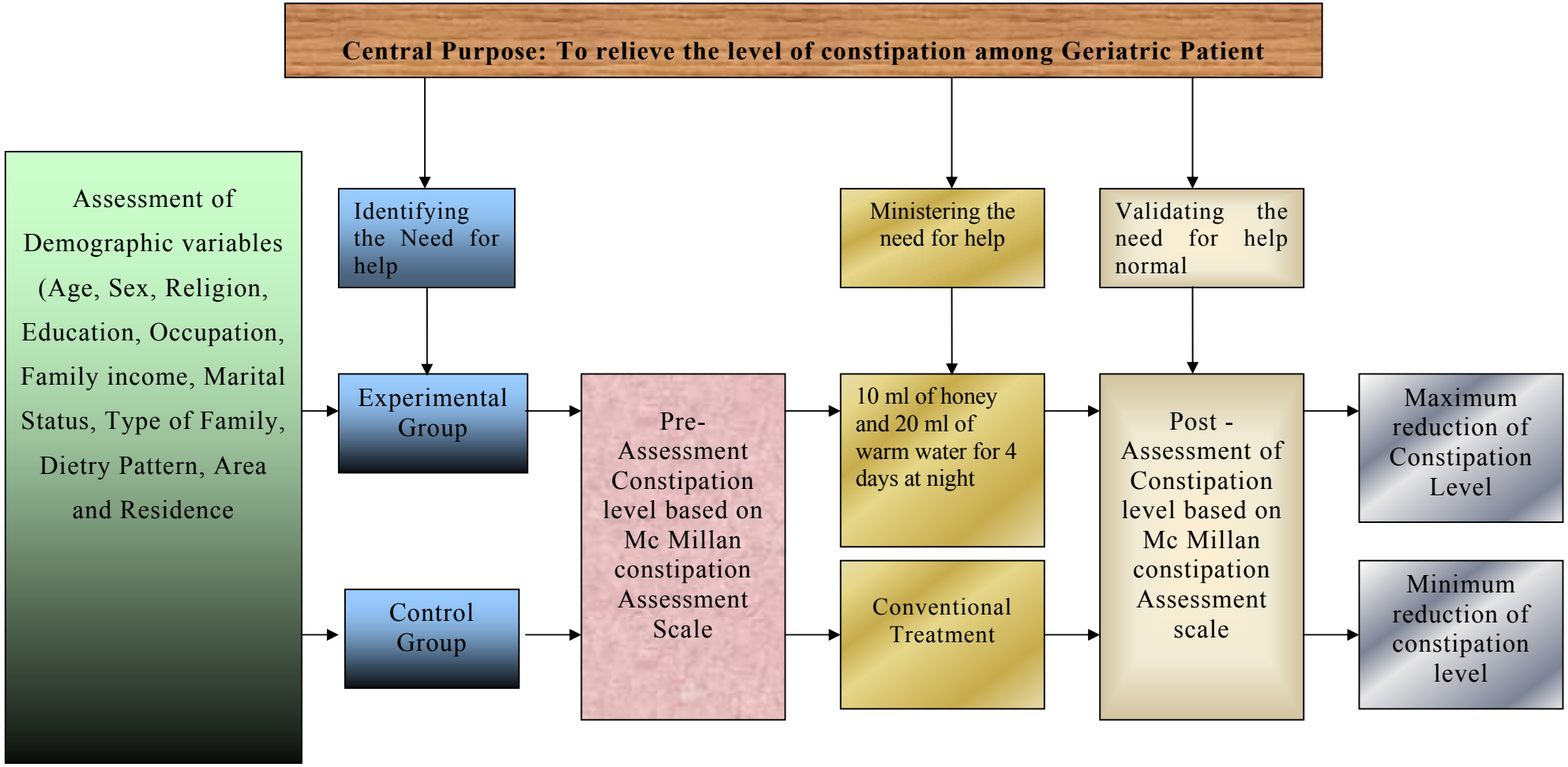

Figure 1: Conceptual Frame Work Based on modified Weidenbach's Helping Art of Clinical Nursing Theory

CHAPTER – III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for gathering valid and reliable data for the purpose of investigation.

Polit and Hungler 2003

The methodology involves a systematic procedure by which the researcher starts from the initial identification of the problem to its final conclusion. This study was conducted to assess the effectiveness of administration of honey at night to relieve constipation among geriatric patients admitted in geriatric ward at Rajiv Gandhi Government General Hospital

3.1 RESEARCH APPROACH

A Quantitative approach was adopted in this study as the investigation is aimed at evaluating the effectiveness of administration of honey at night to relieve constipation among geriatric patients.

3.2 RESEARCH DESIGN

The research design used for the study is Quasi experimental one group pre-test and post-test design.

Group	Pre Test	Intervention	Post Test
Experimental group	O 1	X	O 2
Control group	O 3	-	O 4

O_1 - Pre assessment of constipation level among experimental group.

O_2 - Post assessment of constipation level among experimental group.

X - Administration of honey mixture

O_3 - Pre assessment of constipation level among control group.

O_4 - post assessment of constipation level among control group.

3.3 VARIABLES

Independent variable –Honey mixture

Dependent variable – Constipation

Demographic variables- Age, sex, Religion, Educational status, Occupation Income, Marital status, Dietry pattern, Type of family, Area of residence

3.4 SETTING OF THE STUDY

The study was conducted at the geriatric wards , Rajiv Gandhi Government General Hospital, Chennai -03.

3.5 STUDY POPULATION

Population is the entire universe of individuals objects and events potentially available for the research study the population includes all subjects with constipation admitted in geriatric wards in Rajiv Gandhi Government General Hospital Chennai-03

3.6 SAMPLE

All the subjects suffering from constipation admitted in geriatric wards above 60years of age

3.7 SAMPLE SIZE

60 patients with Constipation (Geriatric), 30 Control Group, 30 Experimental Group.

3.8 SAMPING TECHNIQUE

Non Probability Purposive Sampling

3.9 CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

- Patients who are able to follow instructions
- Both male and female patients above 60 years of age
- Patient willing to participate in the study
- Patient with ability to understand Tamil or English

Exclusion Criteria

Patients who are admitted with

- Patient underwent any abdominal surgery
- Diabetic patients
- Patient with altered sensorium
- Chronic organ damage.
- Chronically ill patients
- Patient who are getting laxatives
- Patients with fluid restriction

3.10 DEVELOPMENT AND DESCRIPTION OF THE TOOL

The investigator selected a demographic variable and structured self reporting method for data collection, to assess the effectiveness of honey with warm water on geriatric patients with constipation.

Sec. 1 Demographic Variable

Demographic variable includes age, sex, marital status, income, education, exercises, mobility, medications etc. this was used to collect the basic information.

Sec. 2 Medical related information

It includes duration of constipation, bowel habits, fluid intake per day, dietary pattern, daily activities, relieving constipation

measures, any associated symptoms and treatment taken for any disease. It was used to identify the cases of constipation.

Sec. 3 Check list on signs and symptoms of constipation

It includes the signs and symptoms of constipation such as, abdominal distension or bloating, change in the amount of gas passed rectal, less frequent bowel movement, oozing of stool, rectal fullness or pressure, rectal pain with bowel movement, small volume of stool and unable to pass stool. It was used to assess the severity of signs and symptoms of constipation.

3.10 SCORING KEY

1. Scoring Key was prepared for section I for the assessment of constipation level.

   The constipation level was assessed using constipation assessment scale on eight variables. The scores are as follows Clinical variables.

   (a) 0 None score

   (b) 1 Some score

   (c) 2 Severe score.

Maximum score 16
Minimum score 0

Score interpretation

Severe constipation 11-16

Moderate constipation 9-10

Below 8 mild constipation.

Section II.

The satisfaction of honey was assessed using modified rating scale on level of satisfaction of honey on relieving constipation. The rating was done based on six variables. The scoring key is followed as.

(a) 3 Fully satisfied

(b) 2 Satisfied

(c) 1 Not satisfied

Maximum score 18 Minimum score 8

(a) 0-7 - not satisfied

(b) 8-13 - satisfied

(c) 14-18 - fully satisfied

3. Section III

The effectiveness of honey mixture in relieving constipation was assessed by using check list having variables of six variables and the maximum score was 6 and the minimum score was 0

(a) 0-2 mildly effective

(b) 3-4 moderately effective

(c) 5-6 very effective

3.11 ETHICAL CONSIDERATIONS

The present Study was conducted after the approval of the Institutional Ethical Committee, Head of the Department, Department of Geriatric and Madras Medical College, Chennai-3 informed consent was

obtained form each study participant after giving full information about the study. Anonymity was assured to each

3.12 CONTENT VALIDITY

The validity of the tool was assessed and determined by experts from nursing and medical. They agreed this tool for assessing effectiveness of administration of honey at night to relieve constipation among geriatric patient.

3.13PILOT STUDY

Pilot study was conducted Geriatric ward at Rajiv Gandhi Government General Hospital, Chennai-03. Six patients were selected for the pilot study following non probability purposive introduction an sampling technique. After establishing rapport and self introduction written consent was obtained from the patients.. The investigator made the patients to sit comfortably in a chair and provided the honey mixture for constipation. After administration of honey mixture, the patients were relieved from constipation. During their visit a feedback was obtained on their satisfaction level by Rating Scale. Analysis was done by using descriptive and inferential statistics. The findings of the study revealed that the tool was reliable and feasible to conduct the study.

3.14 RELIABILITY OF THE TOOL

After the pilot study reliability of the tool was assessed by using interrater method and the correlation coefficient r-value is 0.83. The correlation coefficient is very high and was good tool for assessing effectiveness of administration of honey at night to relieve constipation among geriatric patients.

3.15 DATA COLLECTION PROCEDURE

The study was conducted with the permission of the Head of the Department and ethical committee. Screening of the subjects were done with the help of Mc Millan Constipation Assessment Scale by following the inclusion criteria. Information about the study was given to the subjects and informed and written consent was obtained in the prescribed form. The investigator assured the confidentiality. Pre-assessment was done with the tool. The information was collected with the questionnaire. Subjects were selected by using non probability purposive sampling technique and they were divided into two groups Experimental group and Control, 30 subjects each group. Pre assessment of constipation level was assessed for both the group.

For experimental group 10ml of honey with 20ml of warm water given for 4days at night for the subjects having constipation. For the control group routine care was given. Post assessment was carried out for both experimental and control group using the same tool.

3.16 PLAN FOR DATA ANALYSIS

Data analysis was planned to include descriptive and inferential statistics.

Descriptive Statistics:

- Frequency and percentage distribution to analyse the demographic data for constipated patients.
- Mean percentage to assess the scores.

Inferential statistics:

- Chi-Square to associate between selected demographic variables

3.17 PROJECTED OUTCOME:

- Projected outcome of the study is that constipated patient will have reduction in severity of constipation.
- Constipation will be relieved
- Patients will be comfortable.

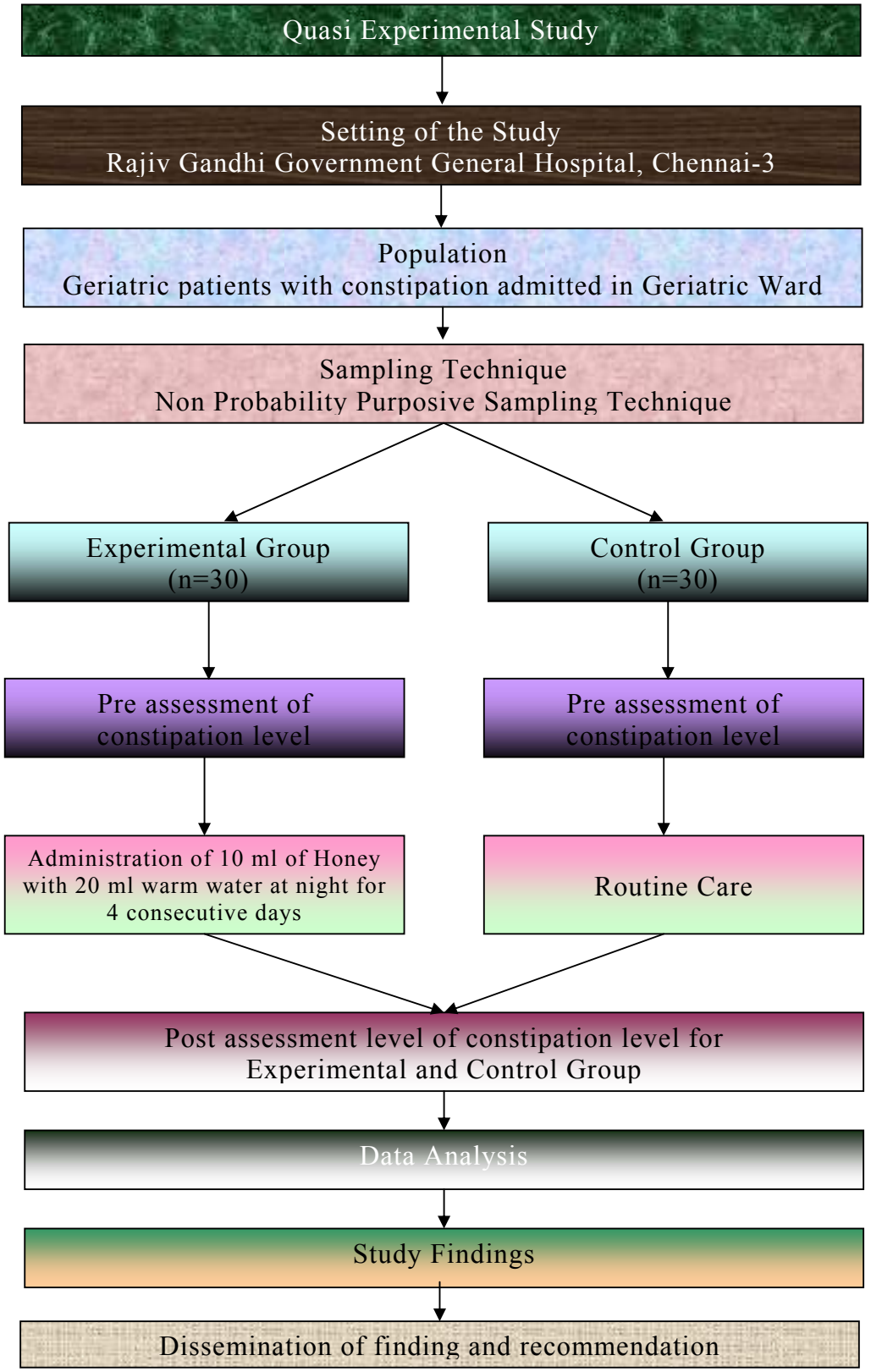

Figure-2: Schematic Representation OF research Methodology

CHAPTER – IV

All things are subject to interpretation whichever interpretation prevails at a given time is function of power and not truth

- Friedrich

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from constipated Geriatric patients admitted in Geriatric ward at Rajiv Gandhi Government General Hospital, Chennai- 600 003.

It includes both descriptive and inferential statistics. The data was collected from 60 samples to determine the effectiveness of Honey mixture upon constipation. The data was analyzed according to the objectives and the hypothesis of the study.

. The researcher used descriptive and inferential statistics for analysis. The data was analyzed, tabulated and interpreted by using descriptive and inferential statistics in the sequence as follows.

Section I:

Distribution of Sample in relation to variables.

a. Distribution of frequency percentage in Experimental and Control Group in relation to demographic variables

b. Distribution of frequency percentage in Experimental and Control Group in relation to Clinical variables

Section 2:

Comparison of pre-assessment and post assessment of bowel movement in experimental and control group.

Section 3:

Effectiveness honey in reliving constipation.

Section 4:

Association between level of constipation reduction among selected variables.

a) Association between level of constipation reduction and demographic variable in experimental group

b) Association between level of constipation reduction and Clinical variable in experimental group

SECTION IA) DISTRIBUTION OF DEMOGRAPHIC VARIABLE IN EXPERIMENTAL AND CONTROL GROUP.

TABLE 1: DEMOGRAPHIC PROFILE

Demographic variables		***Group***			
		Experiment		***Control***	
		N	***%***	***N***	***%***
Age	60 -65 yrs	6	20.0%	10	33.3%
	66 -70 yrs	4	13.3%	3	10.0%
	71 -75 yrs	15	50.0%	12	40.0%
	>75 yrs	5	16.7%	5	16.7%
Sex	Male	19	63.3%	18	60.0%
	Female	11	36.7%	12	40.0%
Religion	Hindu	18	60.0%	17	56.7%
	Christian	6	20.0%	9	30.0%
	Muslim	6	20.0%	4	13.3%
Educational status	Illiterate	22	73.3%	25	83.3%
	Primary	6	20.0%	4	13.4%
	Secondary	2	6.7%	1	3.3%
Occupation	Unemployed	24	80.0%	25	83.3%
	Government	1	3.3%	2	6.7%
	Private	2	6.7%	1	3.3%
	Business	1	3.3%	1	3.3%
	Pensioner	2	6.7%	1	3.3%
Income	Rs.1000-4000	23	76.6%	24	80.0%
	Rs.4001-7000	2	6.7%	2	6.7%
	Rs.7001-10000	3	10.0%	3	10.0%
	>Rs.10000	2	6.7%	1	3.3%
Marital status	Married	24	80.0%	22	73.3%
	Unmarried	1	3.3%	2	6.7%
	Widow	3	10.0%	4	13.3%
	Widower	2	6.7%	2	6.7%
Dietary pattern	Vegetarian	7	23.3%	5	16.7%
	Mixed	23	76.7%	25	83.3%
Type of family	Nuclear family	11	36.7%	14	46.7%
	Joint family	15	50.0%	13	43.3%
	Broken family	4	13.3%	3	10.0%
Area of residence	Urban	20	66.7%	17	56.7%
	Rural	10	33.3%	13	43.3%

Table 1 shows the demographic information of patients those who are participated for the following study on "A study to assess the effectiveness of administration of honey at night to relieve constipation

among geriatric patients admitted in geriatric ward at Rajiv Gandhi Government General Hospital, Chennai-03”

Among experimental group majority of the patient comes under the age group of 71-75 years (15) 50% among control group majority of the patient comes under the age group of 71-75 years (12) 40%. Considering the sex of the patient majority of the patient under experimental group (19) 63.3% male and in control group (18) 60.0% are male. Regarding of religion majority of the patient in the experimental group (18) 60.0% are Hindus and among the control group (17) 56.7% are Hindus. Considering the literacy majority of the patient in control group (22). (73.3%) are illiterate and among control group. (25) 83.3%.

Regarding occupation of the experimental group (24) 80% are unemployed an among control group (25) 83.3% are unemployed. Regarding income of the experimental group (23) 76.6% comes under the Rs.1000-4000 per month and among the control group (24) 80% comes under the Rs.1000-4000.

Consider the Marital status among experimental group (24) 80% are married and among control group (22) 73.3% are married. Regarding dietary pattern majority of the patient in control group (23) 76.6% were taking mixed type of diet and among control group (25) 83.3% are taking mixed type of diet. Regarding type of family majority of the group 15 (50%) living in joint family and among control group (14) 46.7%. Considering the area of residence majority of the patient among experimental group (20) 66.7% were living in urban area and among control group 17 (56.7%) living in a rural area.

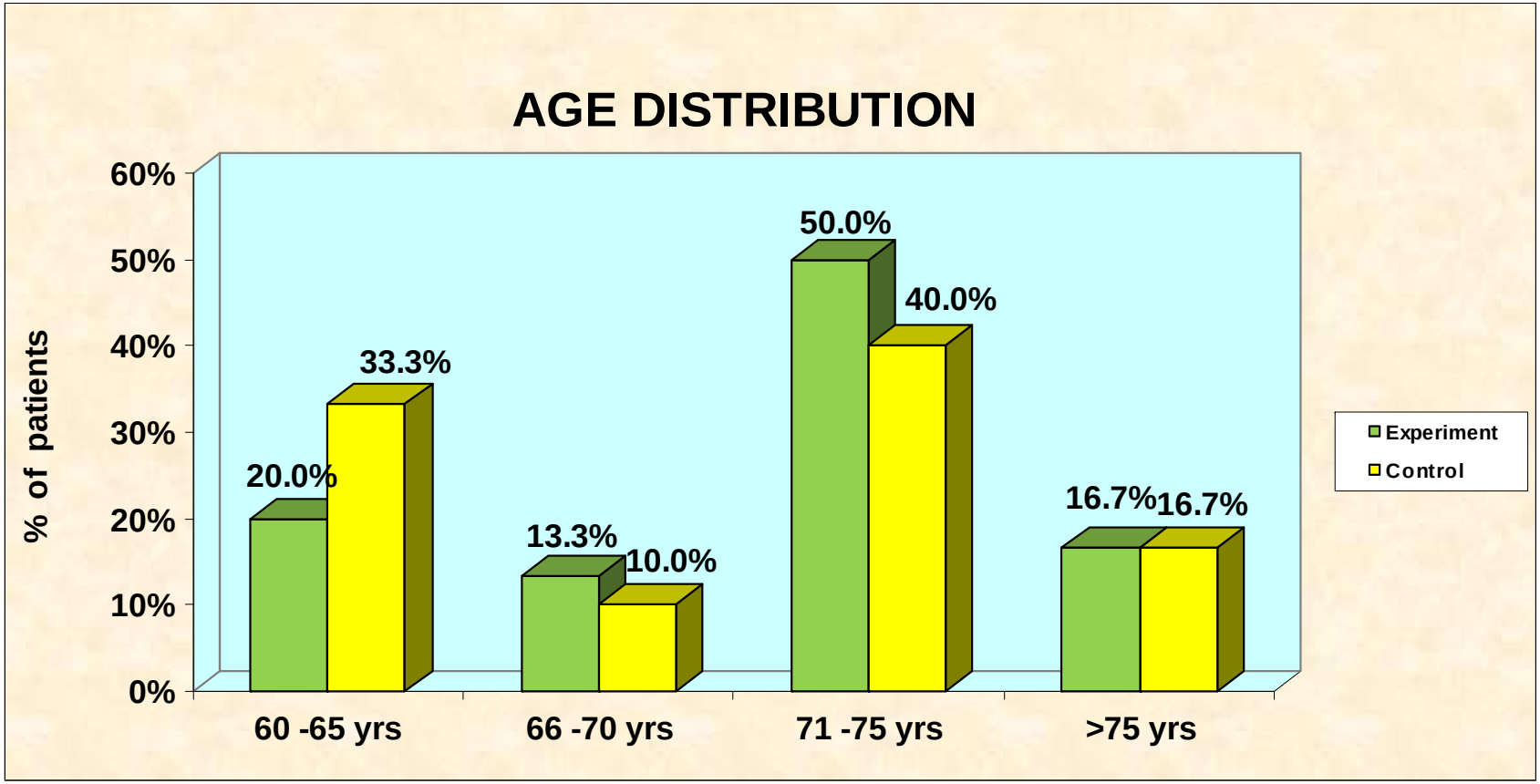

Fig 3 Distribution of Age of patient with constipation.

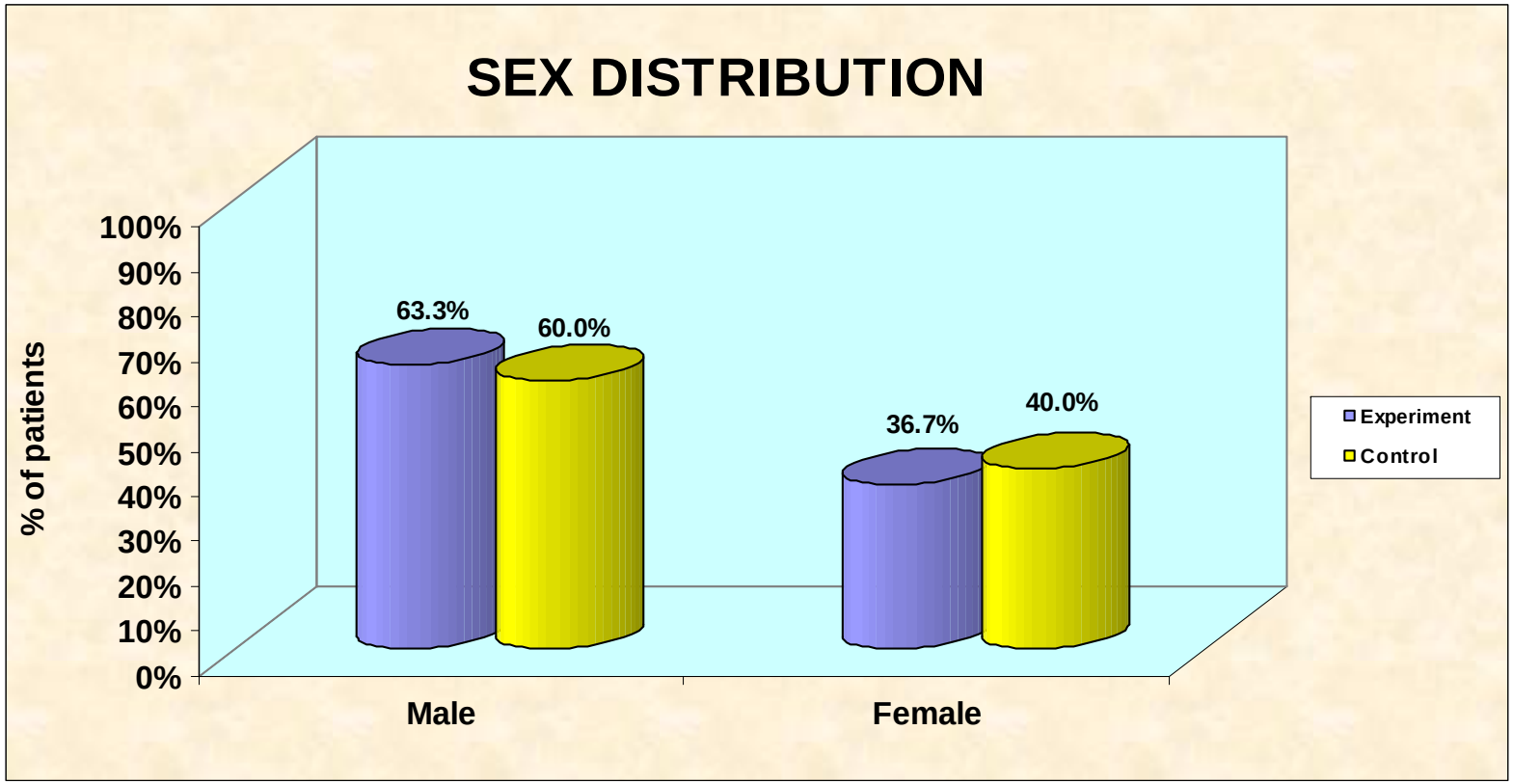

Fig 4 Distribution of Sex of patient with constipation.

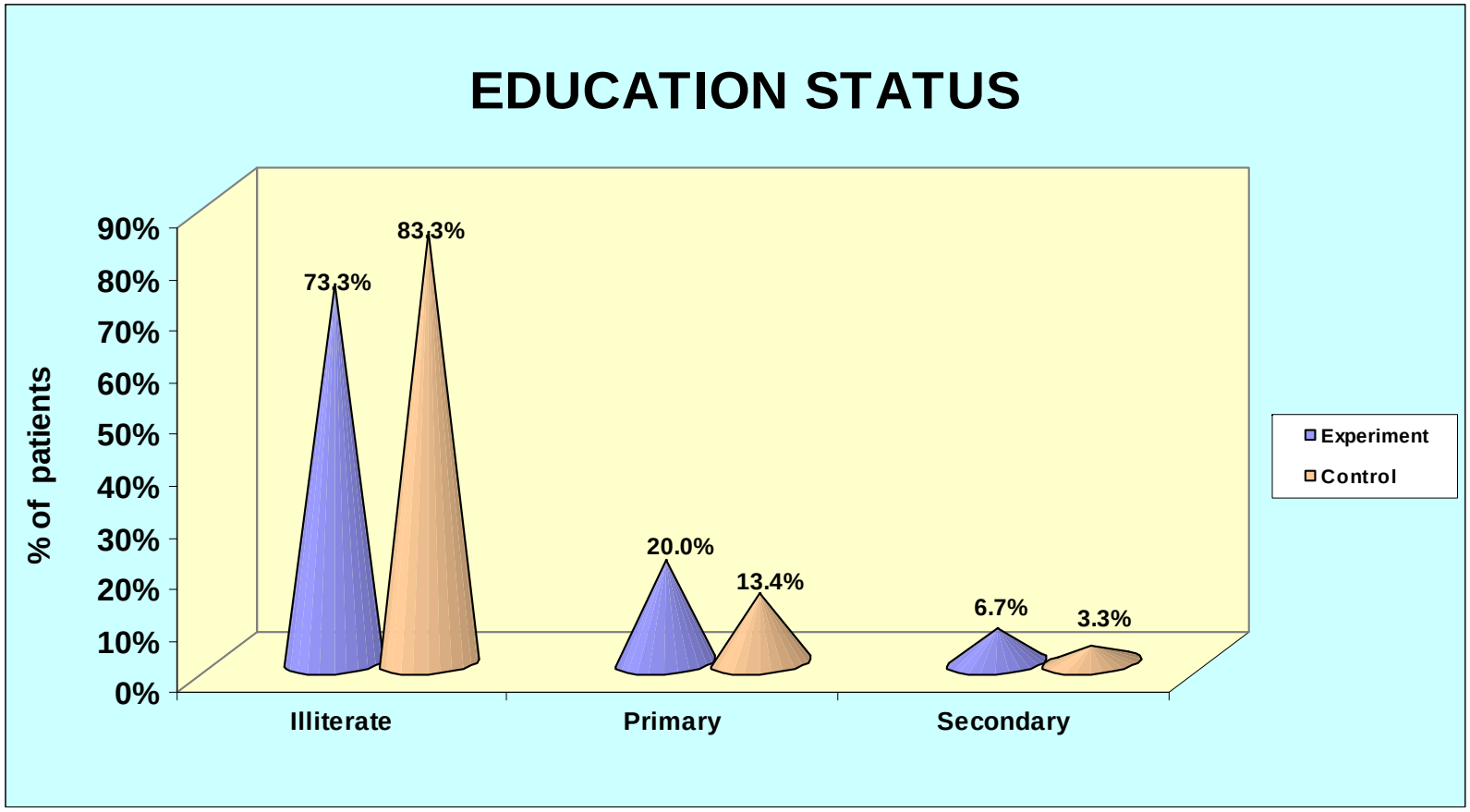

Fig 5 Distribution of Educational Status of patient with constipation.

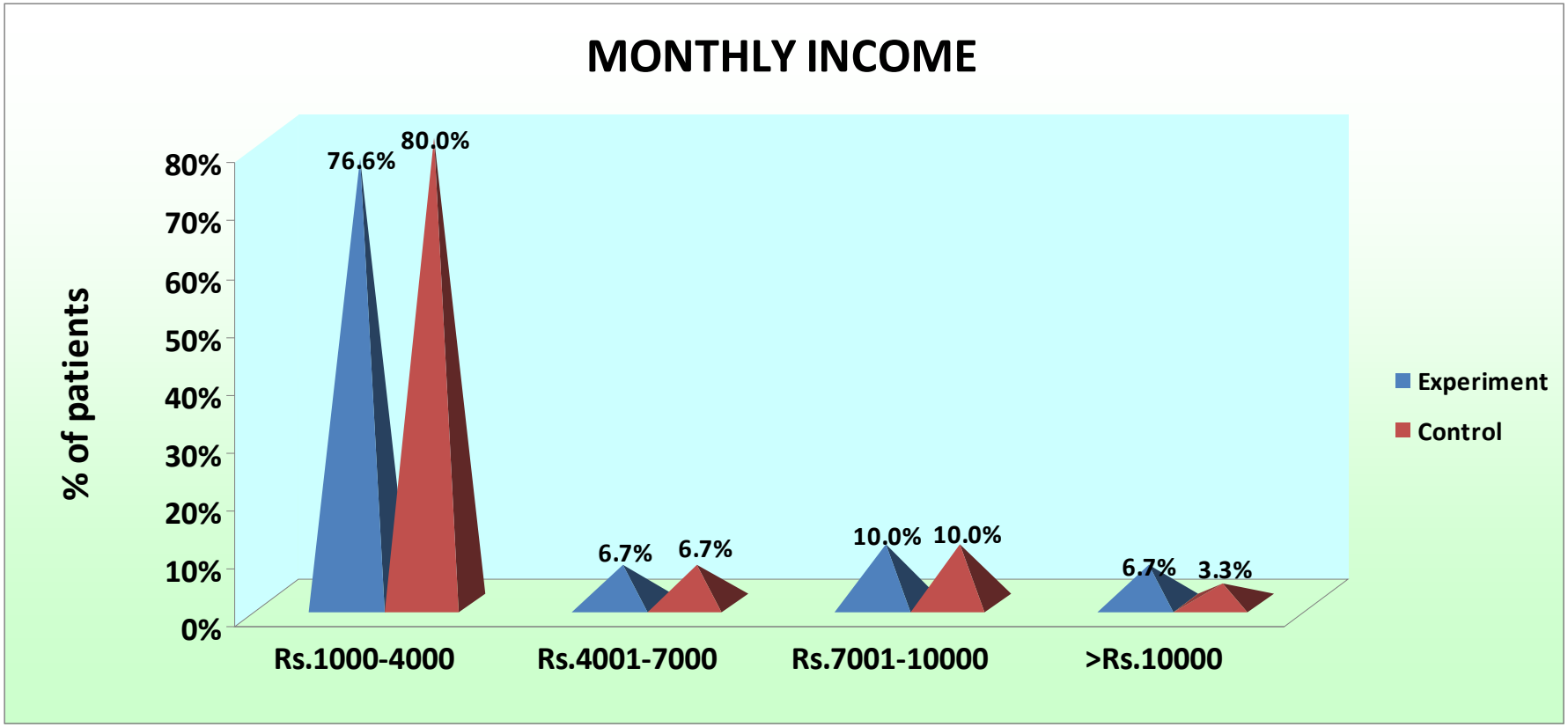

Fig 6 Distribution of Monthly Income of patient with constipation.

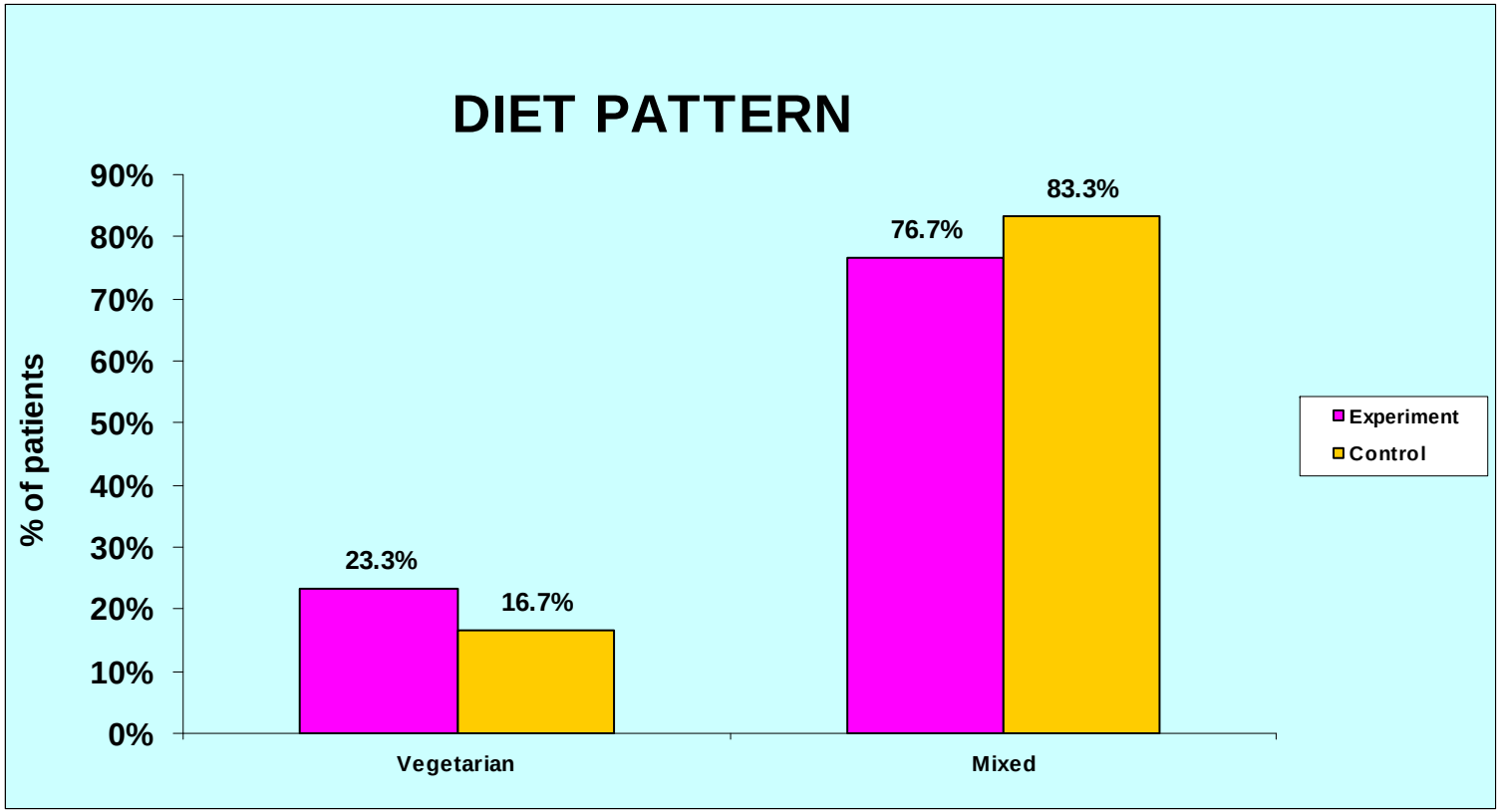

Fig 7 Distribution of Diet Pattern of patient with constipation.

B) DISTRIBUTION OF SAMPLE IN EXPERIMENTAL AND CONTROL GROUP TO CLINICAL VARIABLE

TABLE 2: MEDICAL RELATED INFORMATION

Medical information		***Group***			
		Experiment		***Control***	
		N	***%***	***N***	***%***
Duration of constipation	Four days	18	60.0%	19	63.3%
	< One Week	6	20.0%	7	23.3%
	> One Week	6	20.0%	4	13.3%
Bowel habits	Once in a day / two	13	43.3%	18	60.0%
	Thrice a week	12	40.0%	9	30.0%
	Once / twice a week	5	16.7%	3	10.0%
Fluid intake / day	< 1000 ml	22	73.3%	20	66.7%
	< 2000 ml	3	10.0%	4	13.3%
	> 2000 ml	5	16.7%	6	20.0%
Dietary pattern	More Non vegetarian	14	46.7%	13	43.3%
	More Vegetarian	7	23.3%	7	23.3%
	Mixed	9	30.0%	10	33.3%
Daily activities	Regular Exercises	7	23.3%	11	36.7%
	Once in a while	5	16.7%	3	10.0%
	Not at all	18	60.0%	16	53.3%
Relieving measures	Medical Help	11	36.7%	7	23.3%
	Laxatives	5	16.7%	6	20.0%
	Intake of hot water	14	46.7%	17	56.7%
Any associated symptoms	Loss of appetite	14	46.7%	10	33.3%
	Abdominal Discomfort	11	36.7%	14	46.7%
	Uneasiness	5	16.7%	6	20.0%
Treatment taken for any other diseases	Yes	12	40.0%	15	50.0%
	No	18	60.0%	15	50.0%

- Among experimental group 60.0% (18) of patients are having duration of constipation for 4 days and among control group of (19) 63.3% of having duration of constipation for 4 days.

- Among experimental group majority of patient are having 43.3% (13) bowel habits once in a day, twice in a day and among control group 60% (18) are having bowel habits once in a day or twice in a day.
- Among experimental group 73.3% (22) Patients are taking oral fluids below 1000 ml and among control group 66.7% (20) are taking below 1000 ml.
- Among Experimental group 46.7% (14) are more non vegetarians and among control group 43.3% (13) are more non vegetarians.
- Among experimental group majority of the patients (14) 46.7% were taking hot water to relieve constipation and among control group 56.7(17) taking warm water to relieve constipation)

Among experimental group 60% (18) having no activities at all of among control group 16 (53.3%) no activity at all.

- Among experimental group 14 (46.7%) having loss of appetite of among control group 14 (46.7%) having abdominal discomfort.
- Among experimental group (60%) 18 not taking but for any other diseases of among control group 50 (15) of taking but for

.

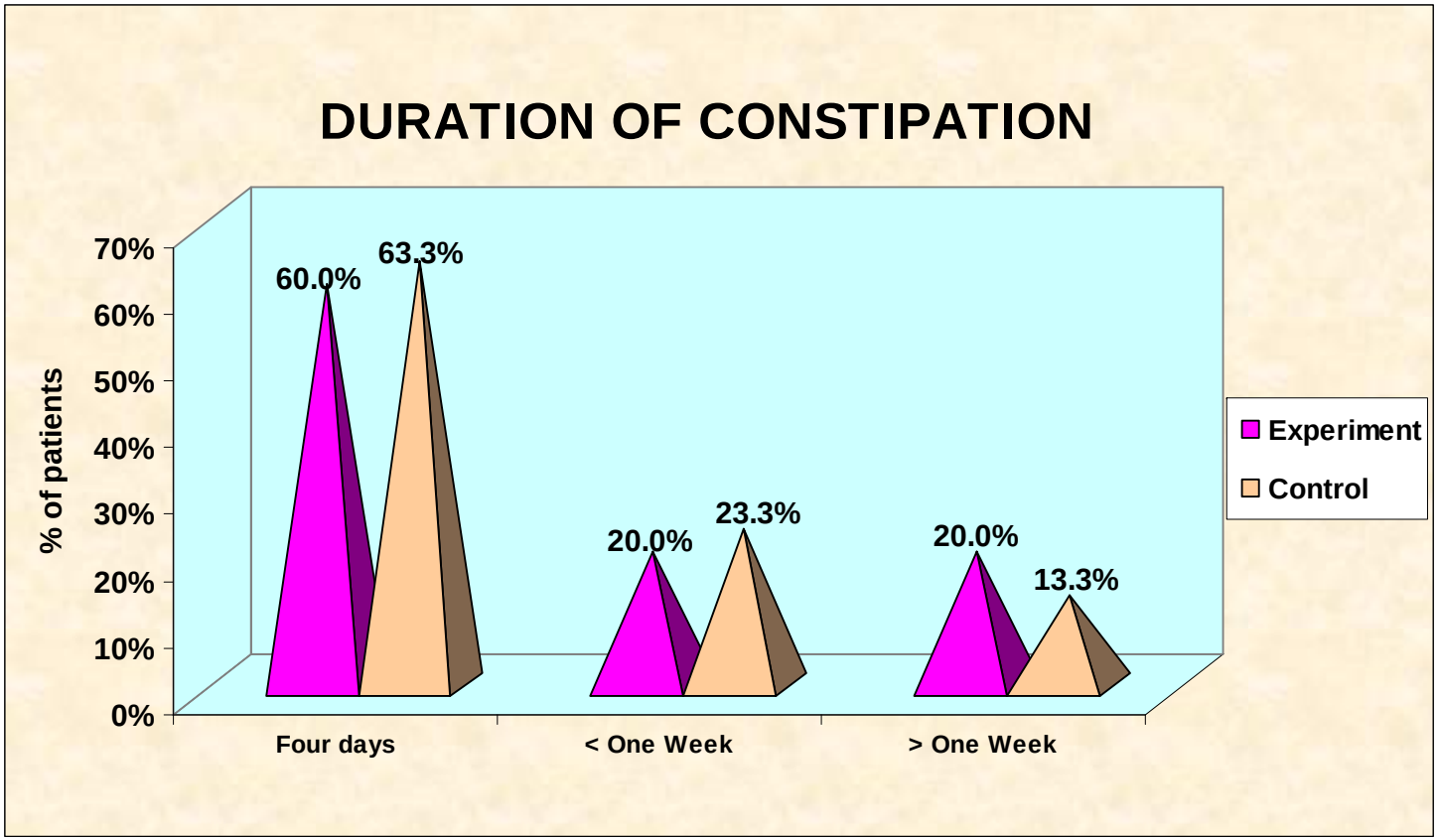

Fig 8 Distribution of patient with duration of constipation among constipated patients.

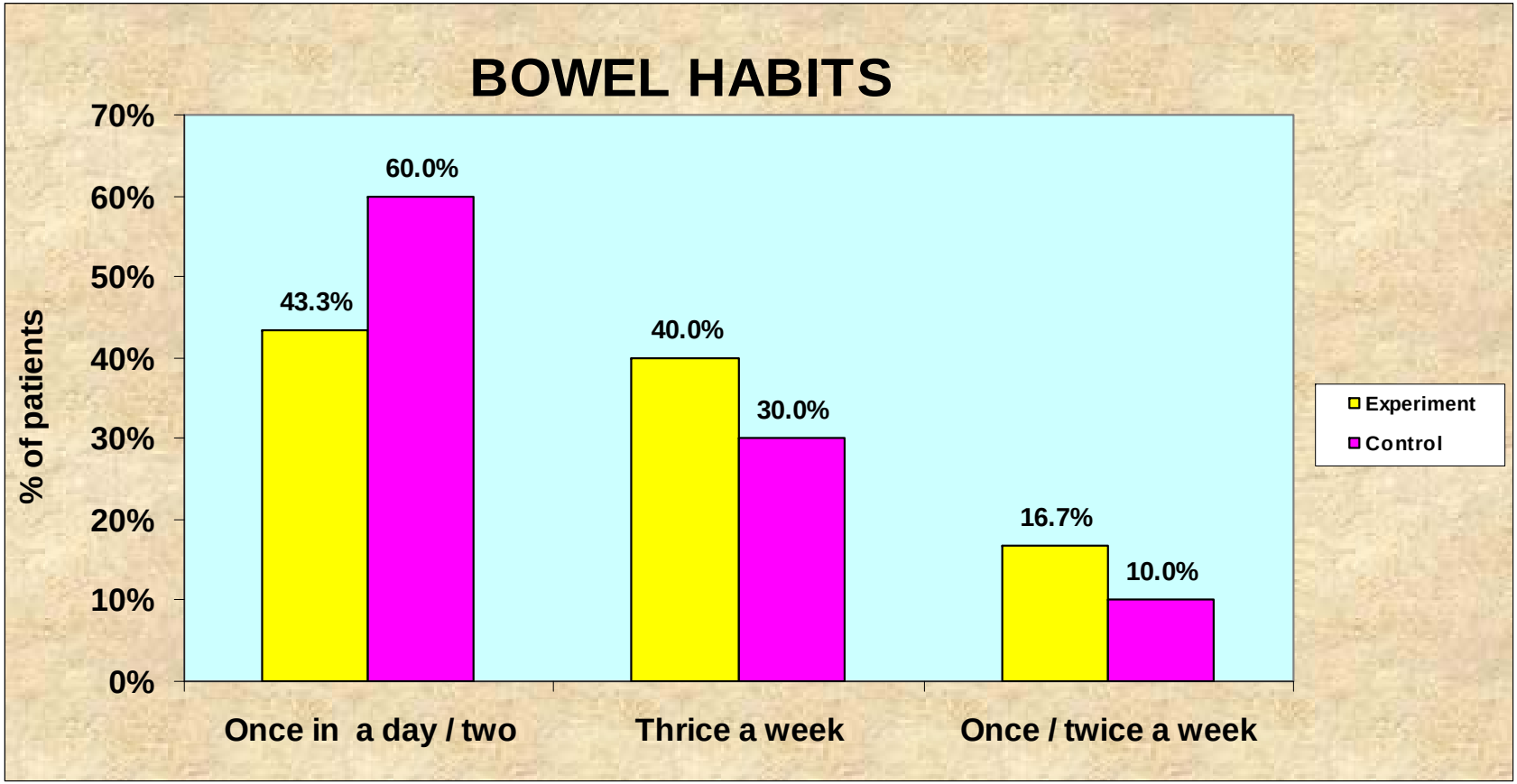

Fig 9 Distribution of patient with Bowel habit of constipation among geriatric patients.

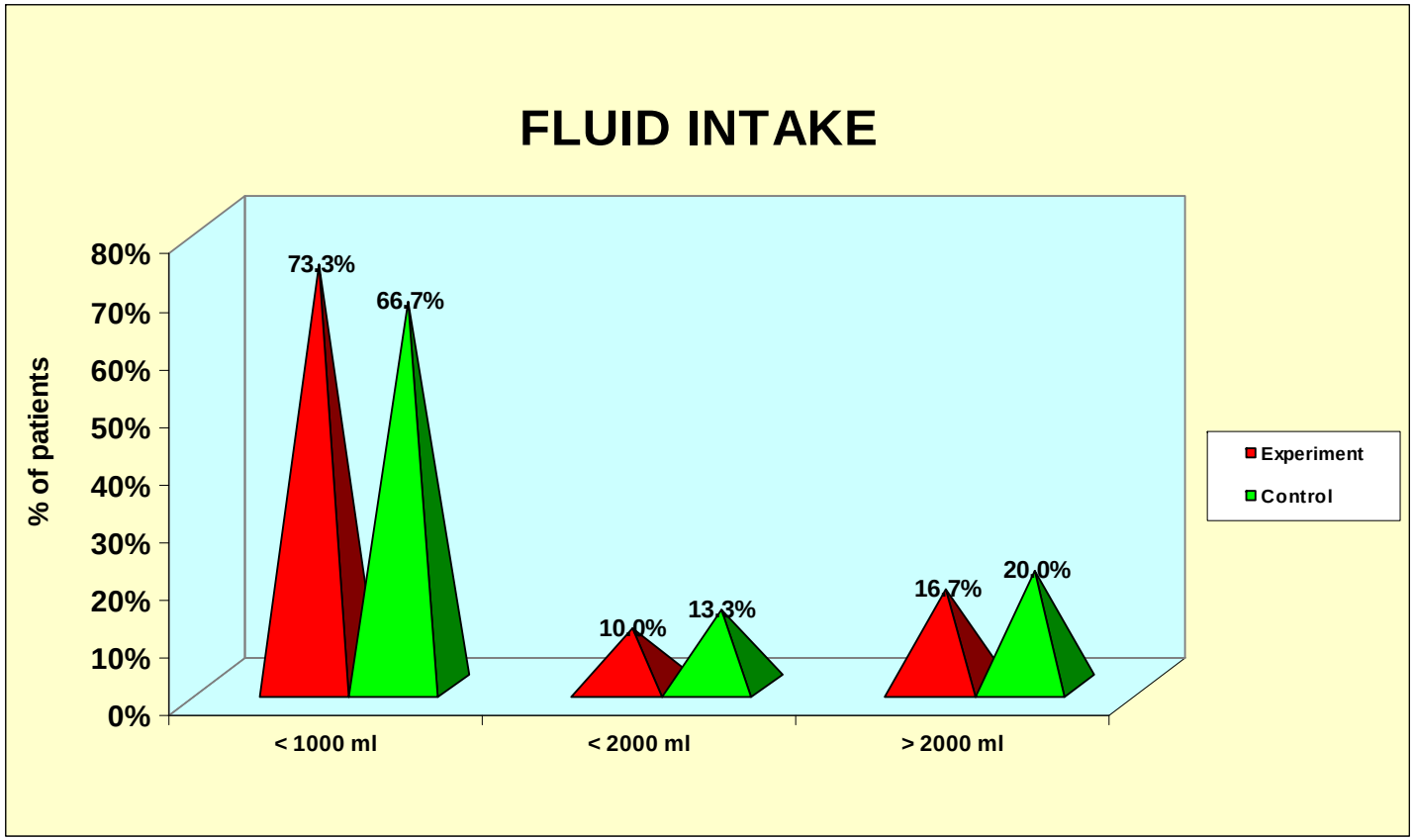

Fig 10 Distribution of patient with fluid intake of constipation among geriatric patients.

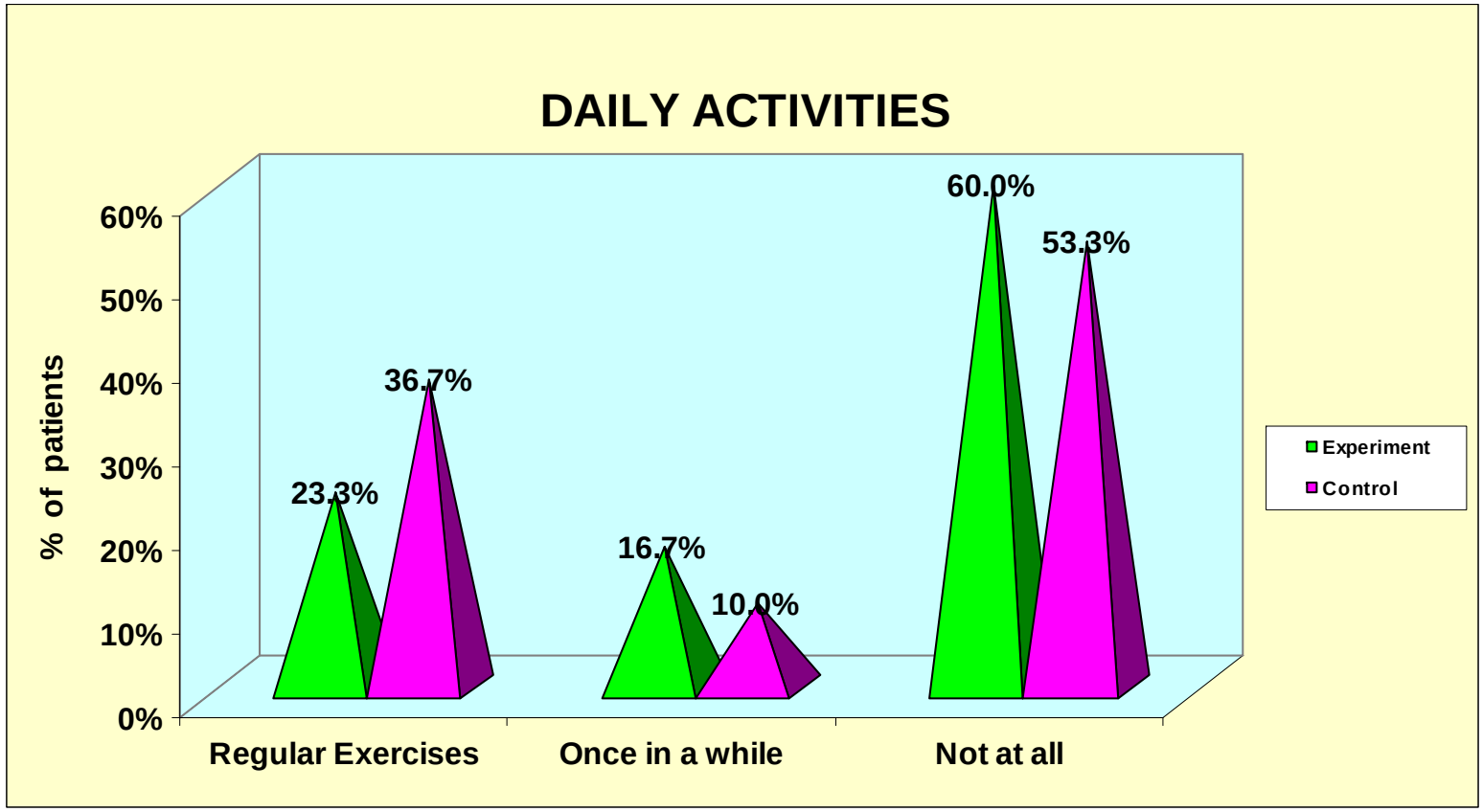

Fig 11 Distribution of patient with daily activities of constipation among geriatric patients.

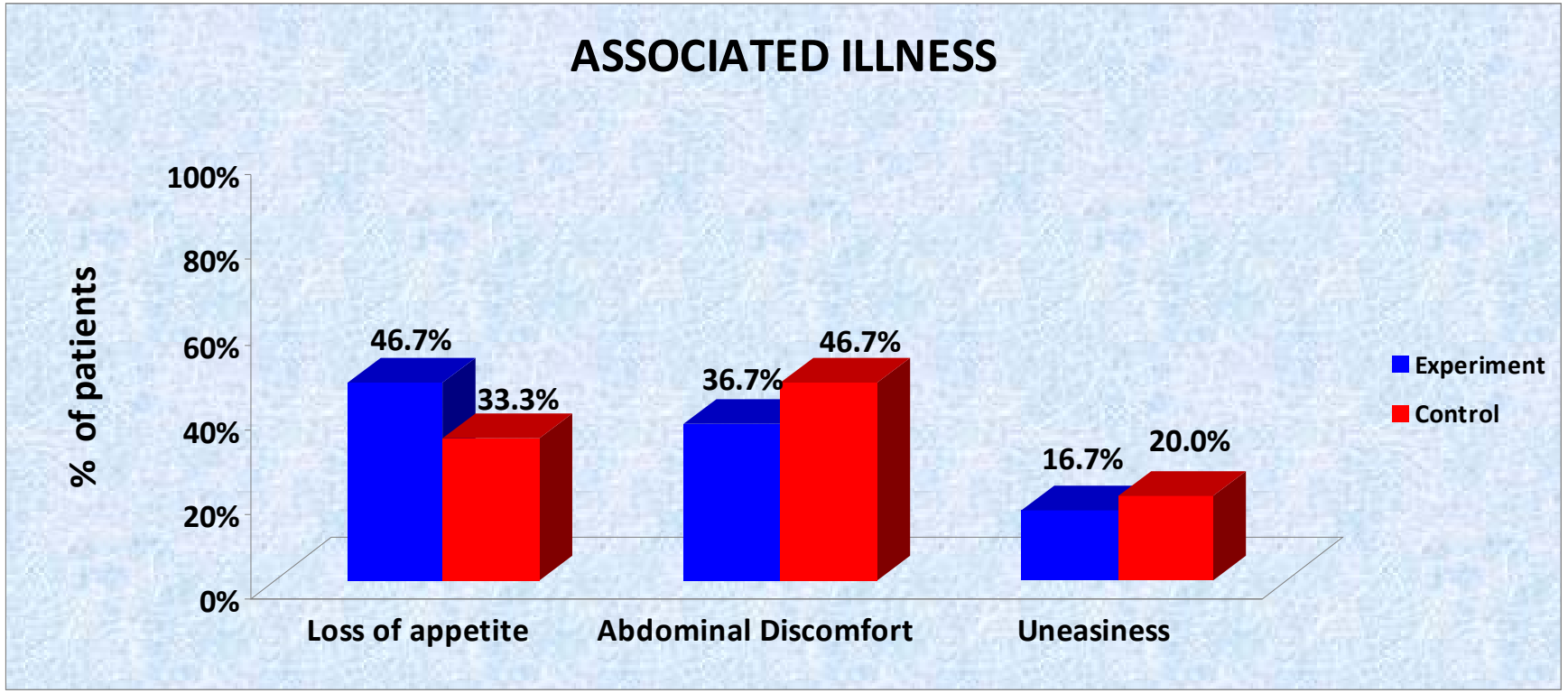

Fig 12 Distribution of patient with Associated illness of constipation.

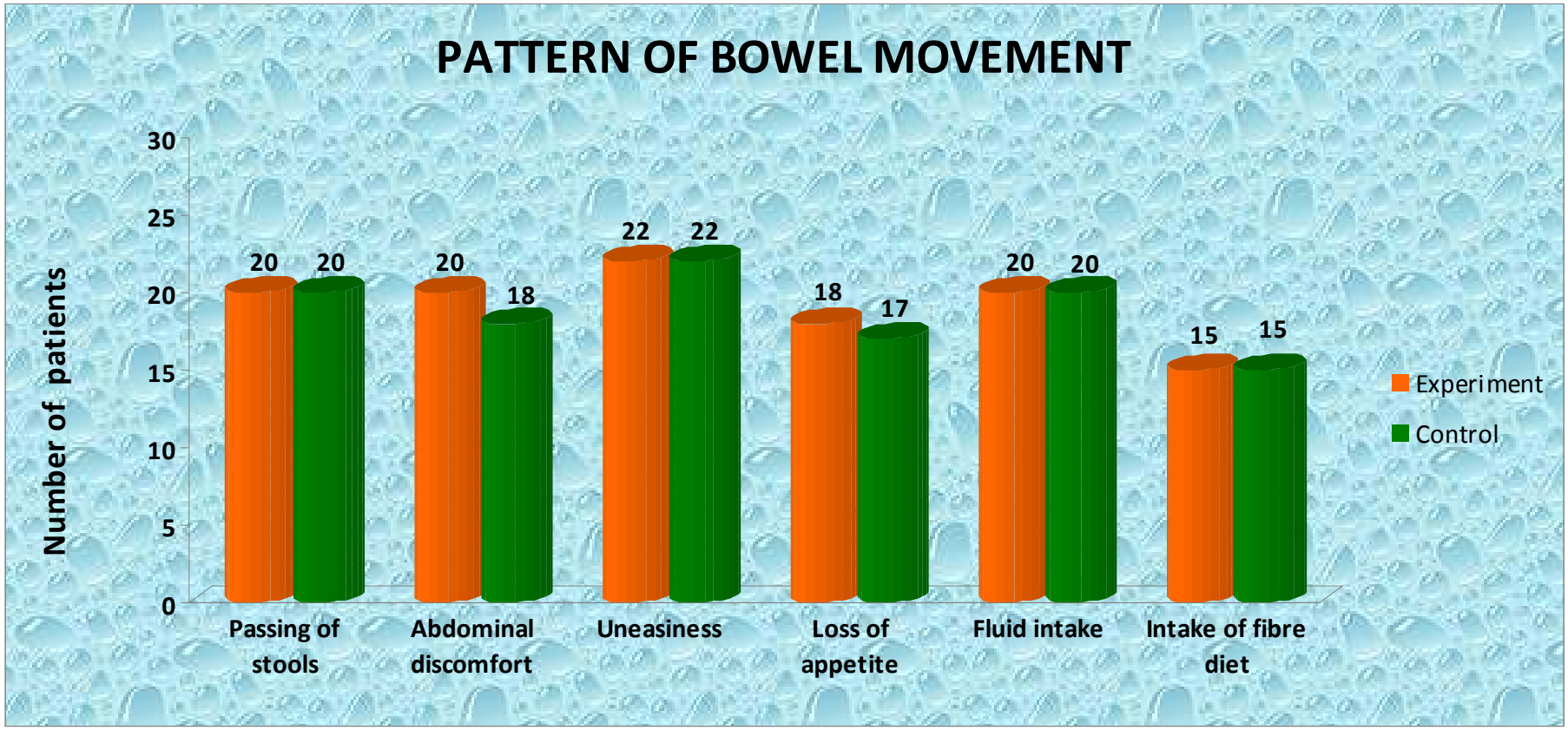

Fig 13 Distribution of patient with pattern of bowel movement after administration of honey among constipated geriatric patients.

TABLE 3: PATTERN OF BOWEL MOVEMENT

	Experiment		***Control***		***Chi square test***
	n	***%***	***n***	***%***	
Passing of stools	20	66.7%	20	66.7%	$\chi 2=0.00$ p=1.00
Abdominal discomfort	20	66.7%	18	60.0%	$\chi 2=0.29$ p=0.59
Uneasiness	22	73.3%	22	73.3%	$\chi 2=0.00$ p=1.00
Loss of appetite	18	60.0%	17	56.7%	$\chi 2=0.07$ p=0.79
Fluid intake	20	66.7%	20	66.7%	$\chi 2=0.00$ p=1.00
Intake of fibre diet	15	50.0%	15	50.0%	$\chi 2=0.00$ p=1.00

Table3 shows pattern of bowel movement among the experimental group and control group. There is no statistically significant difference between experiment control group. Statistical significance was calculated using chi square test

TABLE 4: PASSING OF STOOLS

	Experiment		***Control***		***Chi square test***
	n	***%***	***N***	***%***	
Pretest	20	66.7%	20	66.7%	$\chi 2=0.00$ p=1.00
Day1	20	66.7%	19	63.3%	$\chi 2=0.07$ p=0.78
Day2	13	43.3%	18	60.0%	$\chi 2=1.67$ p=0.19
Day3	5	16.7%	18	60.0%	$\chi 2=11.92$ p=0.001***
Day4	0	0.0%	17	56.7%	$\chi 2=23.72$ p=0.001***

Table 4 shows the passing of tool between experiment and control group. Upto day 2 there is no significant difference. Day 3& day 4 there is a statistically significant difference. Statistical significance was calculated using chi square test

TABLE 5: ABDOMINAL DISCOMFORT

	Experiment		***Control***		***Chi square test***
	n	***%***	***N***	***%***	
Pretest	20	66.7%	18	60.0%	$\chi 2=0.29$ p=0.59
Day1	19	63.3%	17	56.7%	$\chi 2=0.28$ p=0.58
Day2	11	36.7%	17	56.7%	$\chi 2=2.41$ p=0.12
Day3	3	10.0%	17	56.7%	$\chi 2=14.70$ p=0.001***
Day4	0	0.0%	16	53.3%	$\chi 2=21.82$ p=0.001***

Table5 shows the abdominal discomfort between experiment and control group. Upto day2 there is no significant difference. day3& day4 there is a statistically significant difference. Statistical significance was calculated using chi square test.

TABLE 6: UNEASINESS

	Experiment		***Control***		***Chi square test***
	n	***%***	***n***	***%***	
Pretest	22	73.3%	22	73.3%	$\chi 2=0.29$ p=0.59
Day1	16	53.3%	22	73.3%	$\chi 2=2.58$ p=0.10
Day2	7	23.3%	21	70.0%	$\chi 2=13.11$ p=0.001***
Day3	5	16.7%	20	66.7%	$\chi 2=15.43$ p=0.001***
Day4	0	0.0%	20	66.7%	$\chi 2=30.00$ p=0.001***

Table 6 shows the uneasiness between experiment and control group. Upto day1 there is no significant difference. Day2,day3& day4 there is a statistically significant difference. Statistical significance was calculated using chi square test.

TABLE 7: LOSS OF APPETITE

	Experiment		***Control***		***Chi square test***
	n	***%***	***n***	***%***	
Pretest	22	73.3%	22	73.3%	$\chi 2=0.29$ p=0.59
Day1	16	53.3%	22	73.3%	$\chi 2=2.58$ p=0.10
Day2	7	23.3%	21	70.0%	$\chi 2=13.11$ p=0.001***
Day3	5	16.7%	20	66.7%	$\chi 2=15.43$ p=0.001***
Day4	0	0.0%	20	66.7%	$\chi 2=30.00$ p=0.001***

Table 7 shows the loss of appetite between experiment and control group. Upto day1 there is no significant difference. Day2,day3& day4 there is a statistically significant difference. Statistical significance was calculated using chi square test

TABLE 8: FLUID INTAKE

	Experiment		***Control***		***Chi square test***
	n	***%***	***n***	***%***	
Pretest	20	66.7%	20	66.7%	$\chi 2=0.00$ p=1.00
Day1	6	20.0%	19	63.3%	$\chi 2=11.58$ p=0.001***
Day2	2	6.7%	19	63.3%	$\chi 2=21.17$ p=0.001***
Day3	0	0.0%	17	56.7%	$\chi 2=23.73$ p=0.001***
Day4	0	0.0%	17	56.7%	$\chi 2=23.72$ p=0.001***

Table 8 shows the amount of fluid intake between experiment and control group. Day 1, Day 2, Day 3 & Day 4 there is a statistically significant difference. Statistical significance was calculated using chi square test

TABLE 9: INTAKE OF FIBRE DIET

	Experiment		Control		Chi square test
	n	**%**	**n**	**%**	
Pretest	15	50.0%	15	50.0%	$\chi 2=0.00$ p=1.00
Day1	5	16.7%	15	50.0%	$\chi 2=7.50$ p=0.01**
Day2	4	13.3%	15	50.0%	$\chi 2=9.32$ p=0.01**
Day3	2	6.7%	14	46.7%	$\chi 2=12.27$ p=0.001***
Day4	0	0.0%	14	46.7%	$\chi 2=18.26$ p=0.001***

Table 8 shows the intake of fibre diet between experiment and control group. Day 1, Day 2, Day 3 & Day 4 there is a statistically significant difference. Statistical significance was calculated using chi square test

SECTION II

A) COMPARISION OF PRE ASSESSMENT AND POST ASSESSMENT OF BOWEL MOVEMENTS IN EXPERIMENTAL GROUP

	Pretest		***Day1***		***Day2***		***Day3***		***Day4***		***Chi square test***
	n	***%***	***N***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	
Passing of stools	20	66.7 %	20	66.7 %	13	43.3 %	5	16.7%	0	0.0%	$\chi 2=45.15$ p=0.001***
Abdominal discomfort	20	66.7 %	19	63.3 %	11	36.7 %	3	10.0%	0	0.0%	$\chi 2=48.03$ p=0.001***
Uneasiness	22	73.3 %	16	53.3 %	7	23.3 %	5	16.7%	0	0.0%	$\chi 2=47.10$ p=0.001***
Loss of appetite	18	60.0 %	4	13.3 %	1	3.3 %	0	0.0%	0	0.0%	$\chi 2=60.39$ p=0.001***
Fluid intake	20	66.7 %	6	20.0 %	2	6.7 %	0	0.0%	0	0.0%	$\chi 2=62.18$ p=0.001***
Intake of fibre diet	15	50.0 %	5	16.7 %	4	13.3 %	2	6.7%	0	0.0%	$\chi 2=31.36$ p=0.001***

Table10 compare the changes in the bowel movement before and after the supplementation of honey in experimental group. Statistical significance was calculated using chi square test

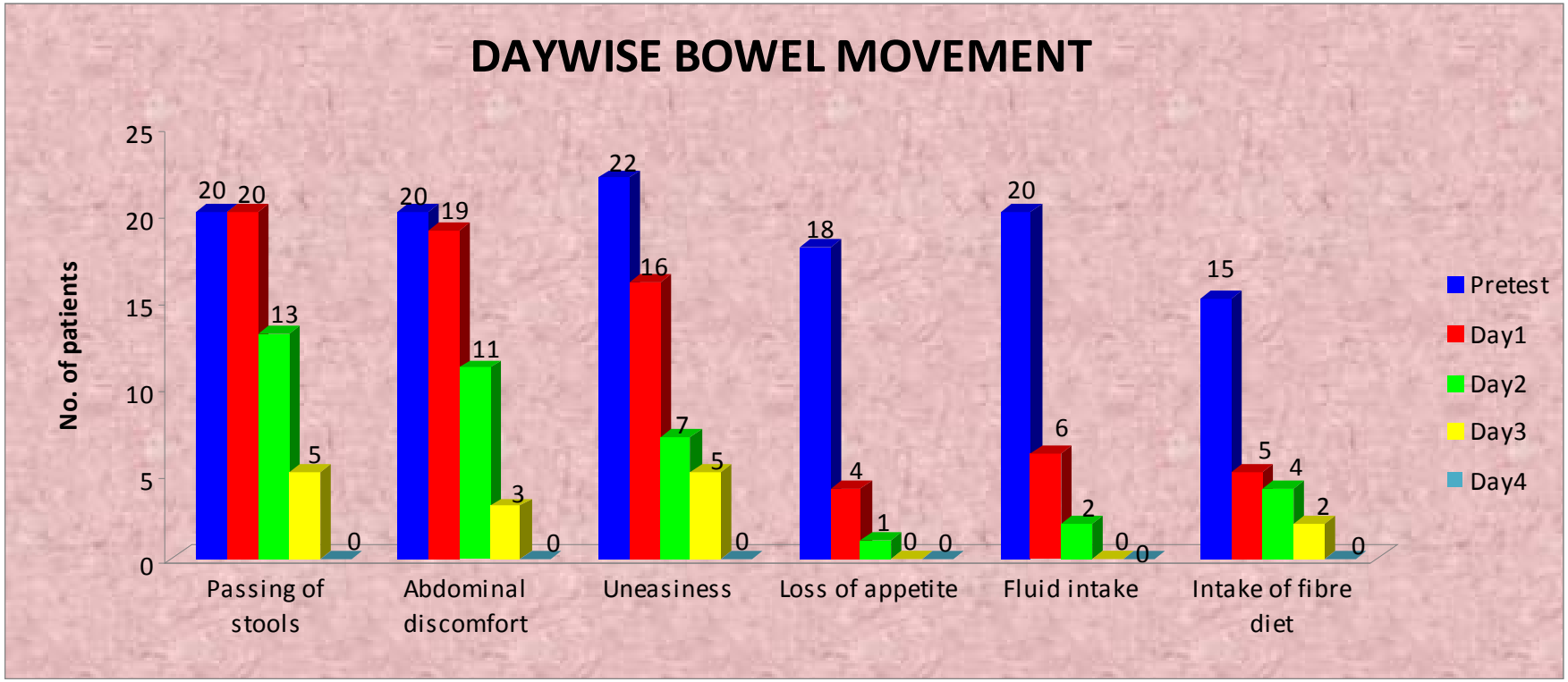

Fig 14 Distribution of Day wise Bowel Movement after administration of Honey mixture among constipated patients.

B) COMPARISION OF PRE ASSESSMENT AND POST ASSESSMENT BOWEL MOVEMENT IN EXPERIMENTAL CONTROL GROUP

TABLE 11: LEVEL OF CONSTIPATION

		Group				***Chi square test***
		Experiment		***Control***		
		N	***%***	***n***	***%***	
Pretest	Mild	4	13.3%	4	13.3%	$\chi 2=0.78 p=0.67$
	Moderate	16	53.3%	19	63.3%	
	Severe	10	33.3%	7	23.3%	
Day1	Mild	16	53.3%	6	20.0%	$\chi 2=7.74$ p=0.02*
	Moderate	12	40.0%	18	60.0%	
	Severe	2	6.7%	6	20.0%	
Day2	Mild	26	86.7%	8	26.7%	$\chi 2=22.72$ p=0.001***
	Moderate	4	13.3%	16	53.3%	
	Severe			6	20.0%	
Day3	Mild	28	93.3%	9	30.0%	$\chi 2=25.64$ p=0.001***
	Moderate	2	6.7%	16	53.3%	
	Severe			5	16.7%	
Day4	Mild	30	100.0%	10	33.3%	$\chi 2=30.00$ p=0.001***
	Moderate			15	50.0%	
	Severe			5	16.7%	

Table 11 compares pre-assessment and post-assessment level of constipation between experiment and control group. After the supplementation of honey in experimental group there is a significant difference. Statistical significance was calculated using chi square test

In the pretest among the experimental group 16 (53.3%) had moderate level of constipation and in the control group 63.3% (19) had moderate level of constipation level.

After administration of honey on the 1st day 16 (53.3%) of the patients had mild constipation of is the control group 18 (60.0%) had moderate constipation level.

After 2nd day administration of honey among experimental group 26 (86.7%) had mild level of constipation of in the control group 16 (53.33%) had moderate level of constipation

After 3rd day administration of honey 93.30% (28) patient had mild level of complication of control group 53.3% (16) had moderate complication level.

After 4th day administration of honey 30 (100%) patient had mild level of complication of control group 50% (15) had moderate complication level.

SECTIONAL III

EFFECTIVENESS OF HONEY IN RELIEVING CONSTIPATION

TABLE 12: EFFECTIVENESS OF HONEY AT NIGHT TO RELIEVE CONSTIPATION

		Maximum score	***Mean constipation score***	***Mean Difference in reduction with 95% Confidence interval***	***Percentage of reduction with 95% Confidence interval***
Experiment	Pretest	6	3.80	3.80(3.41-4.24)	63.3%(56.8%-70.7%)
	Posttest	6	0.00		
Control	Pretest	6	3.66	0.36(0.16-0.57)	6.0%(2.7%-9.5%)
	Posttest	6	3.30		

** highly significant at P≤0.01 *** very high significant at P≤0.001

Table 12 effectiveness of administration of honey night to relieve constipation among geriatric patients admitted in geriatric ward.

On an average, After a dministration honey,in experimental patients 63.3%had reduction of constipation level while comparing with pre-assessment score, where as it was only 6% in control group. This difference shows the effectiveness of administration of honey.

Differences between pre-assessment and post-assessment score was analysed using proportion with 95% Confidence Interval and mean difference with 95% Confident Interval.

TABLE 13: LEVEL OF SATISFACTION

	Not satisfied		***Satisfied***		***Fully satisfied***	
	N	***%***	***N***	***%***	***N***	***%***
Relieved constipation	5	16.7%	19	63.3%	6	20.0%
Has good appetite			5	16.7%	25	83.3%
Had feeling of easiness			8	26.7%	22	73.3%
Had adequate fibre diet	1	3.3%	10	33.3%	19	63.3%
Free from discomfort	1	3.3%	15	50.0%	14	46.7%
Cost effective	1	3.3%	16	53.3%	13	43.3%

Among experimental group majority of patient 19 (63.3%) satisfied with the administration of honey at night to relieve constipation and fully satisfied 20% (6)

Among experimental group majority 83.3% (25) fully satisfied and had a good appetite 5 (16.7%) satisfied fully.

Among experimental group majority of patients 73.3% (22) had feeling of uneasiness and they are fully satisfied of 8 (26.7) satisfied

Among experimental group majority of the 63.3% (19) had adequate fibre diet and they are fully satisfied of 33.3% (10) satisfied.

Among experimental group majority 50% (15) had due from discomfort and they are satisfied of 14 (46.7%) fully satisfied.

Table 13 shows that among experimental group majority of the patients 63.3% satisfied with administration of honey at night to relieve constipation, 83.3% fully satisfied and had of good appetite and satisfied, 73.3% had a feeling of uneasiness and their fully satisfied and 63.3% had adequate fibre diet and fully satisfied, 50% free from discomfort and satisfied and 53.3% fully satisfied regarding cost effective.

SECTION IV

ASSOCIATION BETWEEN LEVEL OF CONSTIPATION REDUCTION DEMOGRAPHIC VARIABLES IN EXPERIMENTAL GROUP

TABLE 14: ASSOCIATION BETWEEN LEVEL OF CONSTIPATION REDUCTION AND DEMOGRAPHIC VARIABLES(EXPERIMENT)

Demographic variables		***Level of constipation reduction***				***Total***	***Chisquare test***
		Below average(<3.8)		***Above average(>3.8)***			
		N	***%***	***n***	***%***		
Age	60 -65 yrs	0	0.0%	6	100.0%	6	**χ2=10.47p=0.02***
	66 -70 yrs	1	25.0%	3	75.0%	4	
	71 -75 yrs	10	33.3%	5	66.7%	15	
	>75 yrs	4	80.0%	1	20.0%	5	
Sex	Male	13	68.4%	6	31.6%	19	**χ2=7.03p=0.01****
	Female	2	18.2%	9	81.8%	11	
Religion	Hindu	8	44.4%	10	55.6%	18	χ2=0.88p=0.64
	Christian	3	50.0%	3	50.0%	6	
	Muslim	4	66.7%	2	33.3%	6	
Educational status	Illiterate	9	40.9%	13	59.1%	22	χ2=3.38p=0.18
	Primary	4	66.7%	2	33.3%	6	
	Secondary	2	100.0%			2	
Occupation	Unemployed	11	45.8%	13	54.2%	24	χ2=2.18p=0.70
	Government	1	100.0%			1	
	Private	1	50.0%	1	50.0%	2	
	Business	1	100.0%			1	

Demographic variables		***Level of constipation reduction***				***Total***	***Chisquare test***
		Below average(<3.8)		***Above average(>3.8)***			
		N	***%***	***n***	***%***		
	Pensioner	1	50.0%	1	50.0%	2	
Income	Rs.1000-4000	11	47.8%	12	52.2%	23	
	Rs.4001-7000	1	50.0%	1	50.0%	2	$\chi 2=2.37 p=0.49$
	Rs.7001-10000	1	33.3%	2	66.7%	3	
	>Rs.10000	2	100.0%			2	
Marital status	Married	13	54.2%	11	45.8%	24	
	Unmarried	1	100.0%			1	$\chi 2=3.50 p=0.32$
	Widow	1	33.3%	2	66.7%	3	
	Widower			2	100.0%	2	
Dietary pattern	Vegetarian	3	42.9%	4	57.1%	7	$\chi 2=0.18 p=0.67$
	Mixed	12	52.2%	11	47.8%	23	
Type of family	Nuclear family	7	63.6%	4	36.4%	11	
	Joint family	5	33.3%	10	66.7%	15	$\chi 2=3.48 p=0.17$
	Broken family	3	75.0%	1	25.0%	4	
Area of residence	Urban	13	65.0%	7	35.0%	20	**$\chi 2=5.40 p=0.02$***
	Rural	2	20.0%	8	80.0%	10	

Table 14 shows the association between level of constipation score reduction and patients demographic variables. Younger, female and rural patients benefited. Statistical significance was calculated using chi square test.

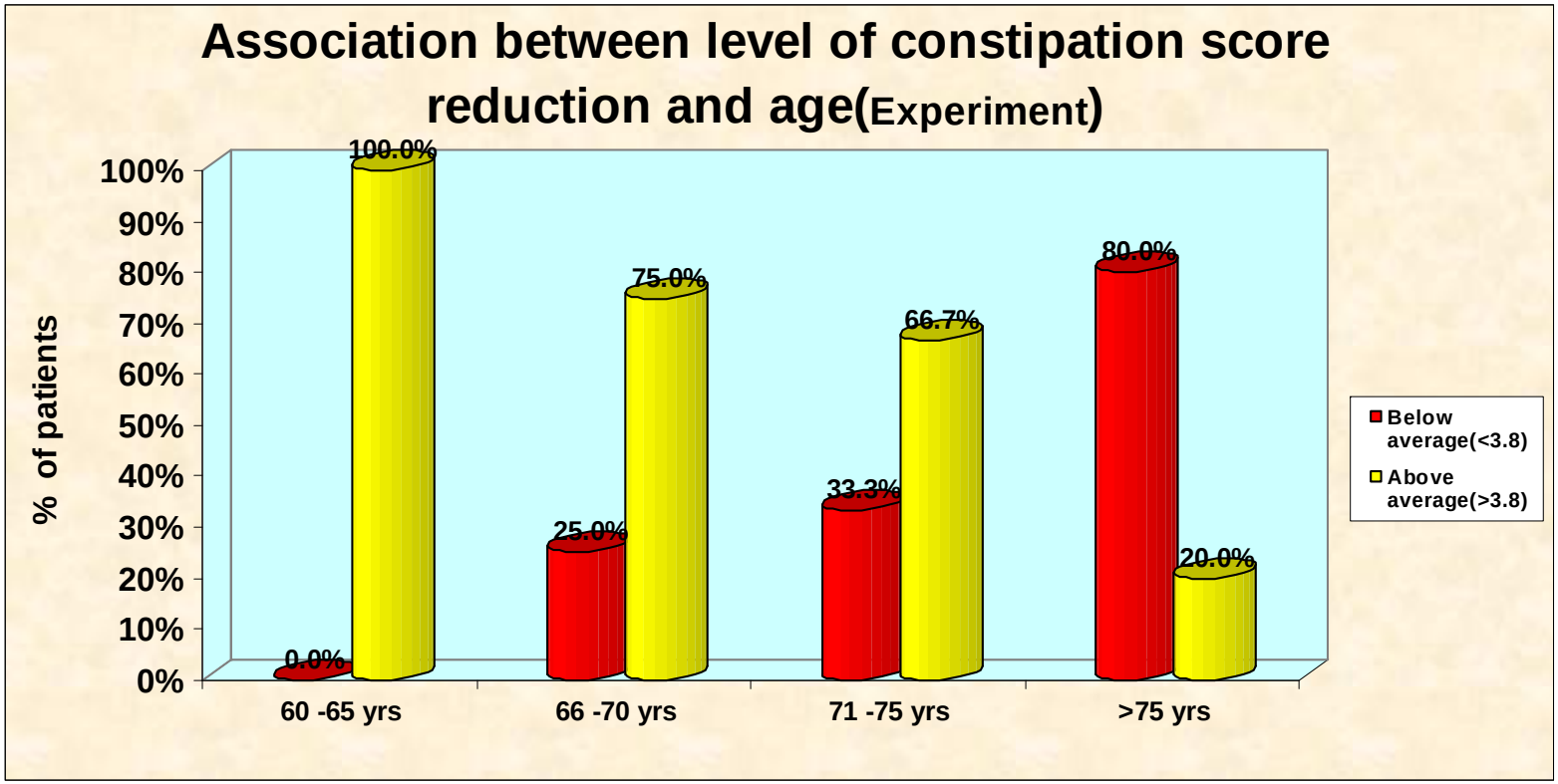

Fig 15 Association between level of constipation score reduction and age (experimental group).

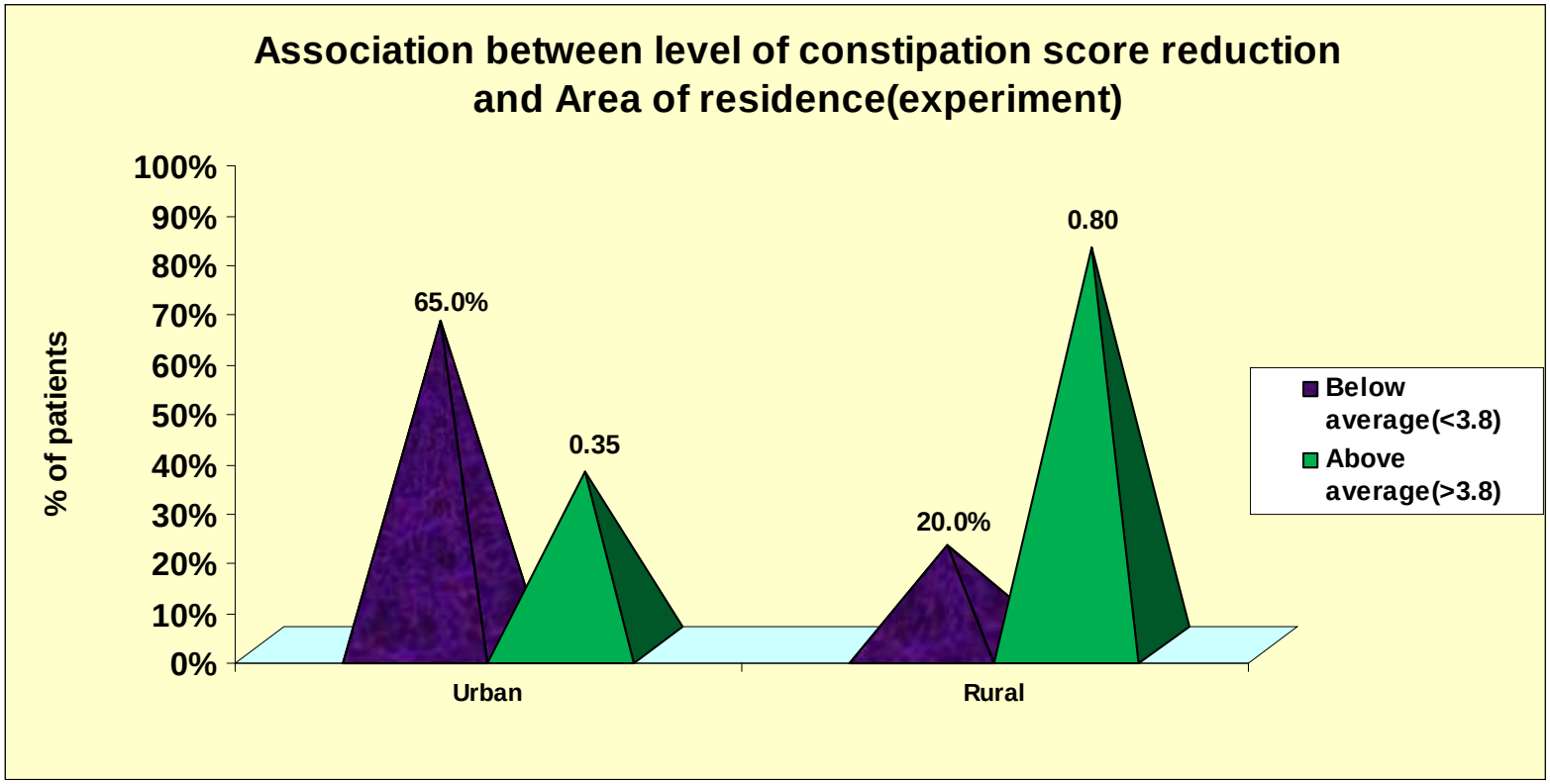

Fig 16 Association between level of constipation score reduction and area of residence (experimental group).

TABLE 15: ASSOCIATION BETWEEN LEVEL OF CONSTIPATION REDUCTION AND MEDICAL RELATED VARIABLES (EXPERIMENT)

Demographic variables		***Level of constipation reduction***				***Total***	***Chi square test***
		Below average(<3.8)		***Above average (>3.8)***			
		n	***%***	***n***	***%***		
Duration of constipation	Four days	5	27.8%	13	72.2%	18	**$\chi 2=8.89 p=0.01^{**}$**
	< One Week	5	83.3%	1	16.7%	6	
	> One Week	5	83.3%	1	16.7%	6	
Bowel habits	Once in a day / two	7	53.8%	6	46.2%	13	$\chi 2=3.21 p=0.20$
	Thrice a week	4	33.3%	8	66.7%	12	
	Once / twice a week	4	80.0%	1	20.0%	5	
Fluid intake / day	< 1000 ml	14	63.6%	8	36.4%	22	**$\chi 2=6.67 p=0.03^{*}$**
	< 2000 ml	1	33.3%	2	66.7%	3	
	> 2000 ml	0	0.0%	5	100.0%	5	
Dietary pattern	More Non vegetarian	6	42.9%	8	57.1%	14	$\chi 2=1.42 p=0.49$
	More Vegetarian	3	42.9%	4	57.1%	7	

Demographic variables		***Level of constipation reduction***				***Total***	***Chi square test***
		Below average(<3.8)		***Above average (>3.8)***			
		n	***%***	***n***	***%***		
	Mixed	6	66.7%	3	33.3%	9	
Daily activities	Regular Exercises	5	71.4%	2	28.6%	7	$\chi 2=2.37 p=0.30$
	Once in a while	3	60.0%	2	40.0%	5	
	Not at all	7	38.9%	11	61.1%	18	
Relieving measures	Medical Help	5	45.5%	6	54.5%	11	$\chi 2=0.57 p=0.75$
	Laxatives	2	40.0%	3	60.0%	5	
	Intake of hot water	8	57.1%	6	42.9%	14	
Any associated symptoms	Loss of appetite	7	50.0%	7	50.0%	14	$\chi 2=0.29 p=0.76$
	Abdominal Discomfort	5	45.5%	6	54.5%	11	
	Uneasiness	3	60.0%	2	40.0%	5	
Treatment taken for any other diseases	Yes	5	41.7%	7	58.3%	12	$\chi 2=0.55 p=0.44$
	No	10	55.6%	8	44.4%	18	

Table 15 shows the association between level of constipation score reduction and patients medical related variables. Less duration and more fluid intake patients benefitted. Statistical significance was calculated using chi square test.

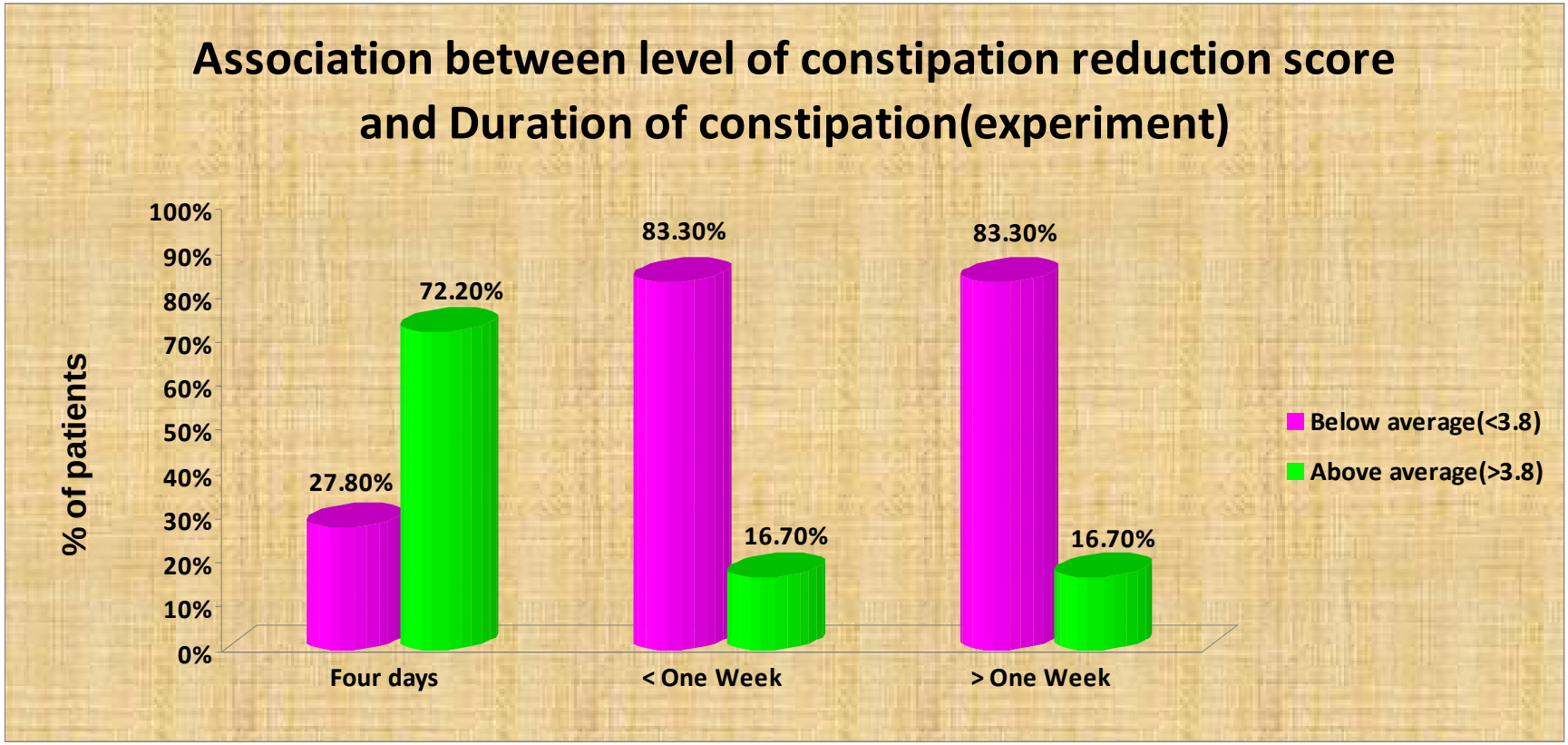

Fig 17 Association between level of constipation score reduction and duration of Constipation (experimental group).

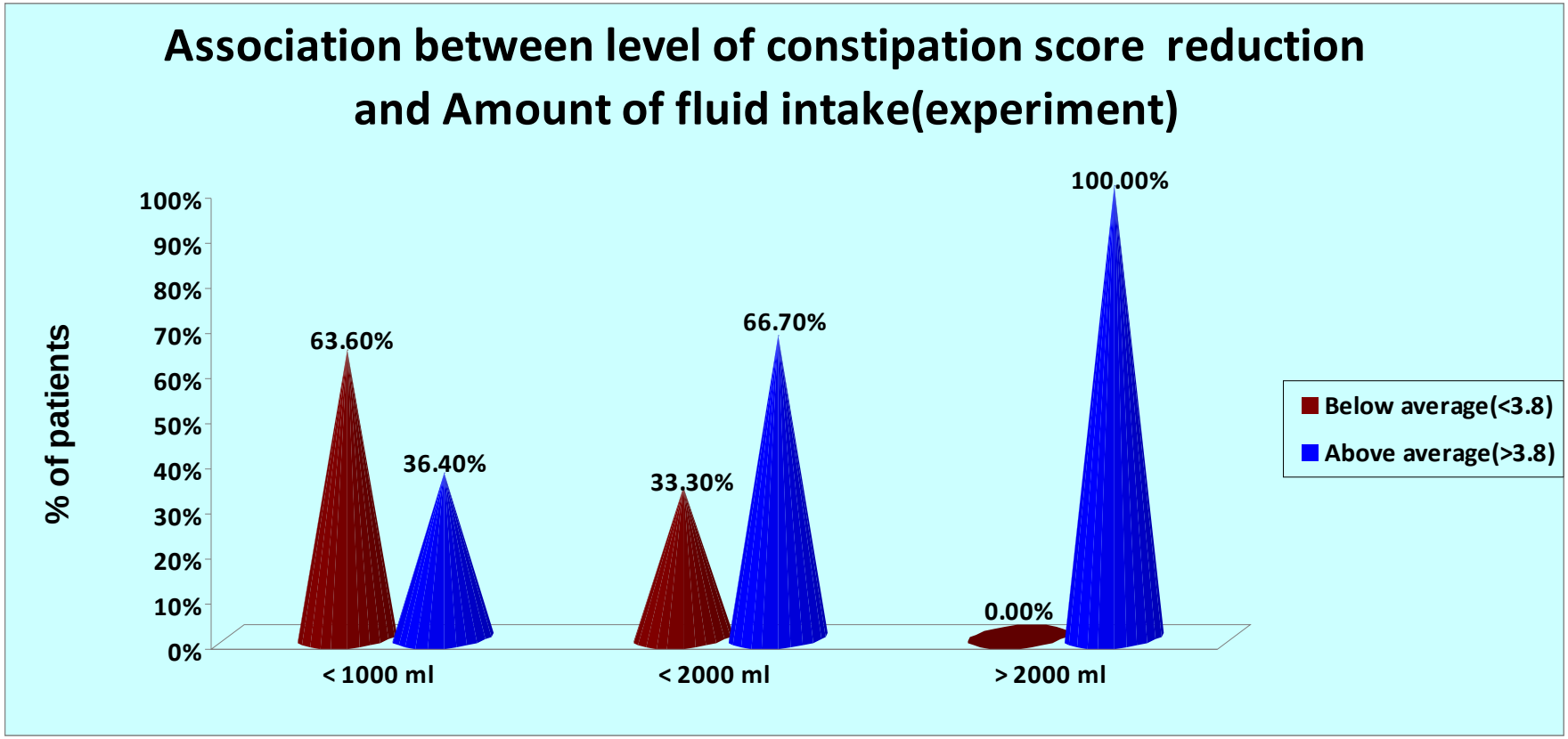

Fig 18 Association between level of constipation score reduction and amount of fluid Intake (experimental group).

SUMMARY

This chapter with the analysis and interpretation of the data obtained by the researcher. The analysis of the result showed that most of the signs and symptoms of constipation was reduced compared to before the therapy. This implied that the honey mixture therapy had the effect to reduce the symptoms of constipation.

CHAPTER – V

DISCUSSION

Discussion is an exchange of knowledge, argument is an exchange of ignorance

- Robert

An experimental a study was conducted to affect the effectiveness of honey at night geriatric for constipated patients in which Quasi experimental pre test and post test design was used. 60 samples was collected by convenient sampling technique as per the inclusion criteria out of which 30 patients allotted for the experimental group and study was conducted in geriatric ward Rajiv Gandhi Government General Hospital, Chennai-3 10 ml of honey with 20 ml of warm water given for 4 consecutive days at night. Data was collected by using constipation assessment scale by the investigator and analysis was carried out by using Chi-square test and percentage of confidence interval.

The finding of the study have been discussed with reference to the objective, relevant study from the review of literature

Distribution of demographic variable according to the selected demographic variable in experimental group and control group.

Among experimental group majority of the patient comes under the age group of 71-75 years (15) 50% among control group majority of the patient comes under the age group of 71-75 years (12) 40%. Considering the sex of the patient majority of the patient under experimental group (19) 63.3% male and in control group (18) 60.0% are male. Regarding of religion majority of the patient in the experimental group (18) 60.0% are Hindus and among the control group (17) 56.7% are Hindus. Considering

the literacy majority of the patient in control group (22). (73.3%) are illiterate and among control group No. (25) 83.3%.

Regarding occupation of the experimental group (24) 80% are unemployed an among control group (25) 83.3% are unemployed. Regarding income of the experimental group (23) 76.6% comes under the Rs.1000-4000 per month and among the control group (24) 80% comes under the Rs.1000-4000.

Consider the Marital status among experimental group (24) 80% are married and among control group (22) 73.3% are married. Regarding dietary pattern majority of the patient in control group (23) 76.6% were taking mixed type of diet and among control group (25) 83.3% are taking mixed type of diet. Regarding type of family majority of the group 15 (50%) living in joint family and among control group (14) 46.7%. Considering the area of residence majority of the patient among experimental group (20) 66.7% were living in urban area and among control group 17 (56.7%) living in a rural area.

First objective of the study was to assess the pattern of bowel movement among experimental and control group.

- In table 3 the pattern of bowel movement among experimental group and control group and found that there is statistically no significant difference between control and experimental group.

- In table 4 assess the passing of stool between experimental and control group upto 2 days there was no significant different in experimental group 43.3% and control group.

- Day 3 and day 4 there was statistically significant difference i.e. 3rd day (x^2=11.92 p=0.001, x^2=23.92, p=0.001)

- Table 5 assess the abdominal discomfort between experimental and control group for 2 days there is no significant difference.
- 3rd and 4th Day there is significant difference. (x^2=14.70 p=0.001, x^2=21.82, p=0.001)
- In Table 6: assessing the uneasiness between experimental group upto 1 day there is no significant difference.
- 2nd, 3rd, 4th day there is statistically significant different (x^2=13.11 p=0.001, x^2=15.43, p=0.001, x^2=30.00 p=0.001)
- Comparison of loss of appetite between experimental and control group 1st day no significant different.
- Comparison of loss of appetite between experimental and control group 2nd, 3rd, 4th day statistically significant different. (x^2=13.11 p=0.001, x^2=15.43, p=0.001, x^2=30.00 p=0.001)
- Table 8 Assessing the loss of fluid intake between experiment and control group 2nd, 3rd, 4th day statistically significant. (x^2=21.17 p=0.001, x^2=23.73, p=0.001, x^2=23.72 p=0.001)
- After administering honey there is no statistically significant difference. 2nd day there was statistically significant different. (x^2=22.72 p=0.001)
- After administering honey there is no statistically significant difference. 3nd day there was statistically significant different. (x^2=22.72 p=0.001) 4th day (x^2=25.64 p=0.001)

The second objective of the study was to compare the changes in the bowel movement before and after supplementation of honey in experimental group.

In table 9 the intake of fibre diet between experiment and control group Day-1, Day-2, Day-3, Day-4 there was a statistically significant difference. The statistical difference was calculated with chi square test x2=7.50 p=0.001, x2=9.32 p=0.001, x2=12.27 p=0.001 x 2=18.26 p=0.001.

In the table 10 there was statistical significance was found in comparing the changes in the bowel movement before and after supplementation of honey in experimental group. Regarding the passing of stool, abdominal discomfort, uneasiness, loss of appetite, fluid intake, and intake of fibre there was statistically significant difference x2=45.15 p=0.001 x2=48.03 p=0.001 x2=47.10 p=0.001 x2=60.39 p=0.001 x2=62.18 p=0.001 x2=31.36 p=0.001.and calculated with chi square test.

The third objective of the study was to determine the association of changes in bowel movement after administration of honey.

Table 12 and 13: After administration of honey among experimental group constipation level was reduced to 63.3% and among when comparing with pretest score it is only six percent in control group. The difference between pretest and post test score was analyzed using proportion with 92% confidence interval and mean difference 95% confidential different

The fourth objective of the study was to compare the changes in the bowel movements after administering honey with selected demographic variables among the selected samples

- Table 14: Association between level of constipation score reduction and patient with demographic variable majority of the patients comes under the age group 71-75 years. x^2=10.47 p=0.01 and patient residing in rural area are 65.0% urban x^2=5.40 p=0.002.

- Table 15: Association between level of constipation reduction and medical related variable and less duration of constipation x^2=8.89 p=0.01 and fluid intake was x^2=6.67 p=0.03.

This chapter dealt with discussion of the study with the difference of objectives and supportive study.

CHAPTER - VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

6.1 SUMMARY

This study was conducted to determine the effect of honey mixture on constipation among the constipated geriatric patients. Who are admitted in Geriatric Ward.

THE OBJECTIVES OF THE STUDY WERE

1. To assess the pattern of bowel movement among the experimental group and control group.

2. To compare the changes in the bowel movement before and after the supplementation of honey in experimental group.

3. To determine the charges association of changes in bowel movement after administration of honey. In experimental group

4. To compare the changes in the bowel movements after administering honey with selected demographic variables among the selected samples.

HYPOTHESIS

H1 - There will be significant difference between the signs and symptoms of constipation before and after administration of honey mixture.

H2 - There will be significant association between the selected demographical variables before administration of honey mixture.

H3 - There will be satisfaction on honey mixture therapy among constipated patients after administration of honey mixture.

6.2 The major findings of the study Demographic variables of the patients with complaints of constipation

An experimental a study was conducted to affect the effectiveness of honey at night geriatric for constipated patients in which Quasi experimental pre test and post test design was used. 60 samples was collected by convenient sampling technique as per the inclusion criteria out of which 30 patients allotted for the experimental group and study was conducted in geriatric ward Rajiv Gandhi Government General Hospital, Chennai-3 10 ml of honey with 20 ml of warm water given for 4 consecutive days at night. Data was collected by using constipation assessment scale by the investigator and analysis was carried out by using Chi-square test and percentage of confidence interval.

Majority of the patients comes 50.0% comes under the age group of 71-75 years, mostly 63.3% male, 60.0% Hindus. Regarding their educational status 80.0% comes under the illiterate group and majority of the patients income 76.6% (1000-4000).

Most of the patients 80.0% married 76.7% taking mixed diet, 50.0% living in joint family and majority of the people lives 66.7% in urban area.

Clinical variables of the patients with constipation

All the patients (100%) were suffering from constipation, 60% since 4 days of minimum duration of constipation and most of the patient bowel habits 43.3% once in a day or twice in a day and their fluid intake was 73.3% is less than 1000 ml / day.

Regarding dietary pattern most of the 46.7% are more non vegetarian, 60.0% no activity daily, 46.7% takes hot water to relieve constipation 46.7% has loss of appetite and 60% of them not taking treatment for other disorder.

Levels of constipation

In the pre-assessment among the experimental group majority of the patient 66.7% had passing of stools, 66.7% had abdominal discomfort, 73.3$ had uneasiness, 60% loss of appetite, 66.7% had less fluid intake and 50.0% had less intake of fiber diet.

After administration of honey for 4 consecutive days at night majority of the patient relieved constipation gradually. First day passing of stool was 66.7% and the 4^{th} day it was reduced to 0.00%

Regarding abdominal discomfort. First day was 63.3% and gradually reduced 0.00% on the 4^{th} day and regarding uneasiness the first day 53.3% and gradually reduced to 0.00% on the 4^{th} day.

Regarding loss of appetite the first day 53.3% and gradually reduced to 0.00% on the 4^{th} day and fluid intake was 20.0% on the I and gradually reduced to 0.00% on the 4^{th} day.

Mean and standard deviation of signs and symptoms of constipation

The level of signs and symptoms of constipation before therapy was severe mean constipation score 3.80,mean difference in reduction was 95% confidence interval was3.80 and percentage of reduction with 95% confidence interval 63.3% . This results could be attributed to the effectiveness of honey mixture proven with statistical significance at $p<0.05$.

Level of satisfaction of honey mixture

The study participants found were with complaints of constipation among the majority of patients were (63%) satisfied regarding constipation relief, 83.3% had good appetite, 73.3% fully satisfied regarding feeling of easiness, 63.3% had full satisfactory in taking rich fibre diet, 50% satisfied with e3ffective and n on of them were expressed in adequate satisfaction.

Association between signs and symptoms of constipation before and after administration of honey.

There was a significant association between signs and symptoms of constipation before and after administration of honey was highly significant using student t test 3and 4^{th} day p = 0.001. So H1 is fully accepted

There was a significant association between demographic variable before administration of honey mixture

There was a significant association between satisfaction of honey mixture therapy among constipated patients after administration honey.

6.3 IMPLICATIONS

The findings of study recommend the implications on nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE

Nurses should empower the practice in the future to view health as an individual responsibility. Nurses must administer honey mixture to reduce the constipation and minimize the requirement for laxative. Nurses need evidence based practice in managing the patients with constipation.

Nurses as a team leader, can plan and coordinate the activities for the patients, so that the incidence of getting constipation can be reduced. Nurses have the opportunity to lead the multi disciplinary team in understanding the patients problem. Health care provider can reevaluate the traditional practices.

NURSING EDUCATION

The nurse educators should suitably involve the concepts of herbal medicine in the medical and nursing profession. Nurses should have knowledge about the factors, which enhance and reduce the constipation. Nurses can be educated about the locally available honey mixture, which acts as a laxative.

Integration of theory and practice is vital need and it is important in nursing education. Complementary Alternative medicine has been included in the curriculum of nursing education. But it not practiced actively during their practice in the hospital. Hence the nurse educator can lay emphasis on the Complementary Alternative medicine for the constipated patients and its relation to patient's recovery.

NURSING ADMINISTRATION

With technological advances and ever growing challenges of health care needs, the administrator has a responsibility to provide nurses with substantive continue educational opportunities. This will enable the nurses to update their knowledge, acquire special skills. Nurses as administrators should periodically organize formal training for nurses in herbal medicine for the nursing personnel on the hospital and community settings with modern technological video aids to gain adequate knowledge and reduce incidence of constipation.

Nurses as administrator should formulate approximate networking so as to facilitate implementation of herbal medicine. Nurses as administrators should check out suitable program to educate the public on the importance indigenous system of medicine. Nurse administrator should collaborate with governing bodies in formulating policies and protocols to emphasize on herbal medicine and to conduct successful and useful education programme.

NURSING RESEARCH

Encourage further research studies on the effectiveness of honey mixture in reducing signs and symptoms of constipation. Disseminate the findings through conferences, seminars, publications in professional, national, international journals and the World Wide Web. More research needs to be conducted with the use of locally available resources in reducing signs and symptoms of constipation. There is a need for extensive and intensive research in this area. It opens a big avenue for research in the innovative methods of hypnotic therapy for reducing the severity of constipation.

6.4 RECOMMENDATIONS

- The study can be replicated on larger samples for better generalization
- The study can be replicated in different settings Oncology Department, Gastroenterology Department Community setting.
- A similar study can be conducted with other traditional medicines other than honey mixture.
- A comparative study can be conducted with the allopathic medicine and herbal medicine honey mixture for constipation.

- A same study can be conducted among bedridden patients who are chronically ill.

- A study can be conducted to evaluate the cost effectiveness of the honey mixture in terms of laxatives used.

6.5 CONCLUSION

Constipation is a common problem among elderly people, who need alternative therapy nursing intervention based on medical management. Honey mixture is a simple, easy to implement and no notable side effects and most acceptable to reduce the signs and symptoms of constipation among the elderly people.

There was partial association between demographic variables and sign and symptoms of constipation before and after administration of honey mixture. The excavated results supported the incorporation of herbal medicine to relieve constipation.

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APPENDIX

SECTION-A,
SOCIO DEMOGRAPHIC DATA

Sample No.

1) Age in years
   a. 60-65 ☐ b. 66-70 ☐
   c. 71-75 ☐ d. ≥76 ☐

2) Sex
   a. Male ☐ b. Female ☐

3) Religion
   a. Hindu ☐ b. Christian ☐
   c. Muslim ☐ d. Others ☐

4) Education Status
   a. Illiterate ☐ b. Primary ☐
   c. Secondary ☐ d. Diploma ☐
   d. Degree ☐

5) Occupation
   a. Unemployed ☐ b. Government ☐ c. private ☐
   d. Bussiness ☐ e. Pensioner ☐

6) Income
   a.Rs.1000-4000 ☐ b. Rs.4001-7000 ☐
   c.Rs.7001-10000 ☐ d. Rs. ≥10000 ☐

7) Marital Status
   a. Married ☐ b. Unmarried ☐
   c. Widow ☐ d. Widower ☐
   e. Separated ☐

8) Dietry Pattern
   a. Vegetarian ☐ b. Mixed ☐

9) Type of Family

a. Nuclear ☐ b. Joint family ☐

c. Broken ☐

9) Area of Residence

a. Urban ☐ b. Rural ☐

SECTION - B

MEDICAL RELATED INFORMATION

1) Duration of Constipation

a) Four days ☐

b) < One Week ☐

c) > one week ☐

2) Bowel Habits

a) Once in a day / two ☐

b) Thrice a week ☐

c) Once / twice a week ☐

3) Fluid intake per day

a) Below 1000 ml ☐

b) Below 2000 ml ☐

c) More than 2000 ml ☐

4) Dietary Pattern

a) More Non Vegetarian ☐

b) More Vegetarian ☐

c) Mixed ☐

5) Daily Activities

a) Regular Exercises ☐

b) Once in a while ☐

c) Not at all ☐

6) Relieving Measures

a) Medical Help ☐

b) Laxatives ☐

c) Intake of hot water ☐

7) Any associated Symptoms

a) Loss of appetite ☐
b) Abdominal Discomfort ☐
c) uneasiness ☐

8) Treatment taken for any other disease

a) Yes ☐
b) No ☐
c) If yes, mention…….

METHODOLOGY

ADMINISTRATION OF HONEY MIXTURE

Definition

10 ml of Honey is diluted with 20 ml of warm water and administered orally to the Geriatric Patient those who are suffering from constipation in Geriatric ward.

Duration: 4 days daily at night after dinner

Purpose:

- To relieve constipation
- To regulate the bowel movement
- To make the patient comfortable

Preparation of the patients

- Explain the procedure to the patient and get the consent
- Explaining the patinet about the action of honey in relieving the constipation.

Articles Required

- Towel
- Tumbler
- Honey
- Spoon
- Ounce Glass
- Warm Water in a flask

PROCEDURE

Steps	Rationale
Assess the bowel Pattern	Provides base line data
Explain the procedure to patient	To alleviate fear and anxiety
Provide semifowler‘ position	To avoid aspiration
Arrange the articles	To save time and energy
Prepartion of honey mixuture 10 ml of honey + 20 ml of warm water	To Implement the intervention
Administered honey mixture to the patient	To relieve constipation
Reassess the bowel pattern	Evaluate the effectiveness of intervention

Documentation

Record the procedure with date and time.

Results analysis with constipation level assessment scale after 4 days among experimental group.

CHECK LIST

ASSESS THE EFFECTIVENESS OF HONEY MIXTURE IN RELEIVING CONSTIPATION

CRITERIA	PRE TEST	ADMINISTRATIONOF HONEY MIXTURE				POST TEST			
		Day1	Day2	Day3	Day4	Day2	Day3	Day4	Day5
Passing of stools									
Abdominal discomfort									
Uneasiness									
Loss of appetite									
Fluid intake									
Intake of fibre diet									

RATING SCALE ON LEVEL OF SATISFACTION OF HONEY MIXTURE ON RELIEVING CONSTIPATION

PURPOSE:

It is used to assess the satisfactory level of patient after admnistration of honey upon constipation.

S.NO	**ITEMS**	**FULLY SATISFIED(3)**	**SATISFIED(2)**	**NOT SATISFIED(1)**
1.	Relieved from constipation			
2.	Has good appetite			
3.	Had feeling of easiness			
4.	Had adequate fibre diet			
5.	Free from discomfort			
6.	Cost effective			

0-10 – satisfied

11- 18 – fully satisfied

செவிலியர் கல்லூரி, சென்னை மருத்துவக் கல்லூரி
சமுதாய நேர்காணல் படிவம்

பகுதி-அ
சுய விபர கேள்வி தாள்

மாதிரி எண்:

1) வயது

- அ) 60 முதல் 65 வயது வரை ☐
- ஆ) 66 முதல் 70 வயது வரை ☐
- இ) 71 முதல் 75 வயது வரை ☐
- ஈ) 76 வயதுக்கு மேல் ☐

2) பாலினம்

- அ) ஆண் ☐
- ஆ) பெண் ☐

3) மதம்

- அ) இந்து ☐
- ஆ) கிறிஸ்துவர் ☐
- இ) முஸ்லிம் ☐
- ஈ) மற்றவர் ☐

4) கல்வித்தகுதி

- அ) படிக்காதவர் ☐
- ஆ) ஆரம்பக் கல்வி ☐
- இ) மேல்நிலைக்கல்வி ☐
- ஈ) உயர்நிலை ☐
- உ) பட்டபடிப்பு ☐

5) தொழில் விபரம்

- அ) வேலை இல்லாதவர் ☐
- ஆ) அரசாங்க வேலை ☐
- இ) தனியார் வேலை ☐
- ஈ) சுயதொழில் ☐
- உ) ஓய்வு ஊதியம் பெறுபவர் ☐

6) மாத வருமானம்

அ) ரூ.1000- ரூ.4000 ☐

ஆ) ரூ.4001- ரூ.7000 ☐

இ) ரூ.7001- ரூ.10,000 ☐

ஈ) ரூ.10,000க்கு மேல் ☐

7) திருமண விபரம்

அ) திருமணம் ஆனவர் ☐

ஆ) திருமணம் ஆகாதவர் ☐

இ) கணவர் இல்லாதவர் ☐

ஈ) மனைவி இல்லாதவர் ☐

இ) தனியாக உள்ளவர் ☐

8) உணவு பழக்கவழக்கம்

அ) சைவம் ☐

ஆ) அசைவம் ☐

9) குடும்பநிலை

அ) தனிக்குடும்பம் ☐

ஆ) கூட்டுக்குடும்பம் ☐

இ) தனியாக இருப்பவர் ☐

10) இருப்பிடம்

அ) நகரப்பகுதி ☐

ஆ) கிராமப்பகுதி ☐

இ) புறநகர் பகுதி ☐

பகுதி-ஆ
மருத்துவம் சார்ந்த தகவல்

1) மலச்சிக்கல் உள்ள நாட்கள்

அ) 4 நாட்களுக்குள் ☐

ஆ) 7 நாட்களுக்குள் ☐

இ) 7 நாட்களுக்கு மேல் ☐

2) மலம் கழிக்கும் பழக்கும்

அ) 1 நாளைக்கு 1 முறை (அ) 2 முறை ☐

ஆ) 1 வாரத்திற்கு 3 முறை ☐

இ) 1 வாரத்திற்கு 1 (அ) 2 முறை ☐

3) ஒரு நாளைக்கு உட்கொள்ளும் திரவ அளவு

அ) 1000 மில்லி-க்குள் ☐

ஆ) 1000-2000 மில்லி-க்குள் ☐

இ) 2000மில்லி-க்கு மேல் ☐

4) உணவுப் பழக்கம்

அ) அதிக அசைவ உணவு ☐

ஆ) அதிக சைவ உணவு ☐

இ) இரண்டும் சேர்ந்து ☐

5) உடற்பயிற்சி

அ) தினமும் ☐

ஆ) எப்பொழுதாவது ☐

இ) எப்பொழுதும் கிடையாது ☐

6) மலச்சிக்கலிருந்து கையாளும் முறை

அ) மருத்துவரை நாடுவது ☐

ஆ) மருந்து உட்கொள்வது ☐

இ) மிதமான சுடுநீர் ☐

7) மலச்சிக்கலினால் உள்ள உபாதை

அ) பசியின்மை ☐

ஆ) வயிறுகோளாறு ☐

இ) அசௌகரிகம் ☐

8) ஏதேனும் வியாதிக்கு மருந்து உட்கொள்கிறீர்களா

அ) ஆம் ☐

ஆ) இல்லை ☐